



Proposed Regulation Agency Background Document

Agency name	Boards of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services
Virginia Administrative Code (VAC) citation	22 VAC 42-11
Regulation title	Standards for Interdepartmental Regulation of Children's Residential Facilities
Action title	Revise standards to meet current industry practices
Date this document prepared	April 18, 2007

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 21 (2002) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Brief summary

In a short paragraph, please summarize all substantive changes that are being proposed in this regulatory action.

This is a joint action to repeal 22 VAC 42-10 and adopt a new regulation, 22 VAC 42-11, Standards for Interdepartmental Regulation of Children's Residential Facilities. The regulation applies to all children's residential facilities licensed or certified by the Departments of Education; Juvenile Justice; Mental Health, Mental Retardation and Substance Abuse Services; and Social Services. The changes made to this regulation reflect changes to the children's residential facility industry in recent years, and in federal requirements regarding record keeping and behavior management. The changes also incorporate the requirements found in Chapters 168 and 781 of the 2006 Acts of Assembly. The new regulation replaces an emergency regulation. Substantive changes address: changes in the types of licenses issued in response to compliance issues; summary suspensions; staff training requirements and qualifications; timely educational services; record keeping requirements; medication; staff supervision ratios; behavior management; recreation; emergency procedures; and community relations. The new regulation will better ensure that safeguards are in place to protect residents of children's residential facilities and that services are appropriate for these children.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Authority to promulgate the regulation is found in §§ 22.1-321, 22.1-323, 22.1-323.2, 16.1-309.9, 66-10, 66-24, 37.2-403-422, 63.2-217, 63.2-1701, 63.2-1703, 63.2-1737, and 63.2-203 of the *Code of Virginia*.

The Boards of Education; Mental Health, Mental Retardation and Substance Abuse Services; Juvenile Justice; and Social Services are the promulgating entities. Regulation of children's residential facilities is mandatory.

Purpose

Please explain the need for the new or amended regulation by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal, the environmental benefits, and the problems the proposal is intended to solve.

The purpose of the proposed action is to promulgate revised standards that better protect the health, safety and welfare of vulnerable children who are separated from their families and reside in children's residential facilities. The standards will assure that an acceptable level of care and education are provided to these children. Children placed in residential care typically need a higher level of service than can be provided in a foster home. It is important that staff who supervise these children have the appropriate knowledge and experience to make decisions regarding their care. The appropriate number of trained staff on duty is needed to give the children adequate time and attention to meet their needs. Staff also need the time to plan a structured program of care for the residents and to document planning and decision-making for each resident.

In the past, approximately 60 to 70 requests per year were received to operate a children's residential facility. Facilities were operated by organizations connected to groups with child welfare experience. Facilities were most often operated as nonprofits. Today the Office of Interdepartmental Regulation receives an average of 35 inquiries each month to operate a children's residential facility. Inquirers are private individuals who may not have had any children's residential experience. Many want to open for profit facilities.

The Joint Legislative Audit and Review Commission's (JLARC) December 2006 report "Evaluation of Children's Residential Services Delivered through the Comprehensive Services Act," recommends that collecting licensure fees be considered. The report recommends that these fees be used to provide training. The report states that training of facility staff is not adequately addressed in the current standards. In order to ensure that residents receive the care and education they need, staff must have the training and experience, as well as the time, to make quality decisions about the residents they are serving. The proposed changes to the regulation concerning licensure fees, additional required training and additional qualifications for administrative staff address issues discussed in the JLARC report.

An emergency regulation was required by Chapters 168 and 781 of the 2006 Acts of Assembly. This proposed regulation is necessary to replace the emergency regulation as required by the *Code of Virginia*.

Substance

Please briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both where appropriate. (More detail about these changes is requested in the "Detail of changes" section.)

Substantive changes include allowing the types of licenses issued to facilities regulated by DOE, DMHMRSAS, and DSS to be changed when compliance is an issue; adding the option of summary suspension of the license was added, to be consistent with the *Code of Virginia*; strengthening the qualifications of the staff who make administrative and supervision decisions at the facility and adding requirements ensuring that a qualified staff person is available to make decisions. All training requirements are moved to one section for clarity and additional training is required as suggested by the December 2006 JLARC report. Requirements are added that ensure that educational services are provided to the child in a timely manner. Record keeping requirements are clarified and written to comply with federal guidelines. Requirements for medical treatment and medication are improved according to guidance received from medical professionals. Staff supervision ratios are changed to better meet current practice and child advocacy guidelines. Emphasis has been redirected from behavior management to behavior support and helping residents to manage their own behavior. Recreation guidelines are written to ensure better planning and supervision during overnight trips or activities. Emergency procedures requirements are strengthened to ensure better preparation for an emergency in today's environment. Special requirements are added for specialized independent living programs, mother/baby programs, and for camping programs and programs that take residents on adventure activities. Requirements have also been added for every facility to name a community liaison person, to train staff and have policies and procedures regarding positive community relations.

Issues

Please identify the issues associated with the proposed regulatory action, including:

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.

Primary advantages to the public:

- Better ensures that children placed in residential facilities receive the care and education that they need by requiring an adequate number of qualified staff;
- Families and parents that place their children in residential care are offered reassurance that their child is safe and that his needs are being met;
- Better ensures that tax payer funds are used to pay for adequate services for children; and
- Neighbors of facilities will see that there are requirements in place to protect their interests

Primary Disadvantages to the public:

- Although many providers are already meeting the proposed standards, operators of facilities that currently are not meeting the revised standards may incur additional expenses.

Primary Advantages to the Commonwealth:

- Better ensures that children placed in residential facilities receive the care and education that they need by requiring an adequate number of qualified and trained staff to work with them;
- Better ensures that the services the Commonwealth pays for are received; and
- Better ensures that the Commonwealth meets federal standards (including Title IV-E and the Child and Family Services Review).

Primary Disadvantages to the Commonwealth

- None

Economic impact

Please identify the anticipated economic impact of the proposed regulation.

Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source / fund detail, and (b) a delineation of one-time versus on-going expenditures	No new costs – the state will have to print the regulation and offer training to regulators and providers.
Projected cost of the regulation on localities	No cost to the localities unless the locality operates a children’s residential facility that does not meet the new requirements.
Description of the individuals, businesses or other entities likely to be affected by the regulation	Families whose children are placed at residential facilities, businesses who operate a children’s residential facility
Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected. Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.	Currently, there are approximately 304 children’s residential facilities.
All projected costs of the regulation for affected individuals, businesses, or other entities. Please be specific. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses.	Cost will vary among the different facilities. Many of the currently regulated facilities already meet the requirements of the proposed regulation. Facilities that do not already meet the proposed changes will need to hire staff who meet the qualification requirements as staff leave and new staff are hired. Facilities that do not already meet the proposed staffing ratios will have to hire additional staff to meet staff ratios. Training costs may increase if the facility is not already training all staff in the proposed number of hours of initial and annual training.

Alternatives

Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.

There is no alternative to the proposed regulatory action. The current regulation is out of date with current child welfare standards and needs, and out of compliance with federal regulation. Much input from the public, industry and others was considered, in an effort to make the new regulation meet the purpose of the action in the least burdensome and intrusive manner.

Regulatory flexibility analysis

Please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.

There are no alternate regulatory methods for small businesses that can be used and still ensure that the appropriate protections, services and education are offered to residents of children’s residential facilities.

Public comment

Please summarize all comments received during public comment period following the publication of the NOIRA, and provide the agency response.

Commenter	Comment	Agency response
1 Provider	Supports the plan to revise the regulation	The revision will move forward.
1 Provider group Virginia Association of Children’s Homes (VACH)	Opposed the revision of the regulation. Submitted a “White Paper” which included the following: <ul style="list-style-type: none"> • Two issues are driving the revision – the increase in applications to operate children’s residential facilities and the effort to fund children in residential care with Medicaid (revision mirrors Medicaid standards) • Observations – would support many of the 	The revision will move forward. The “White Paper” which offers some important suggestions also contains erroneous information and makes assumptions that are not accurate. The issues driving the proposed revision to the regulation include: <ul style="list-style-type: none"> • Child welfare practices are always evolving/ the regulation needs to be updated to reflect current practices • All regulations are required to be

	<p>proposed changes; oppose changing the word child to client which represents a shift to medical model and more restrictive placements; one size does not fit all - recommend modules; 1:6 staff to child ratio does not account for type of child served; recommend a cost analysis- facilities do fundraising and money would be lost from those who believe in family style atmosphere, predict cost to VACH agencies to be \$15 million</p> <ul style="list-style-type: none"> • Recommend new facilities have different standards; ratio is too restrictive and does not look at type of child served; qualifications for staff mirror Medicaid, standards shouldn't set personnel qualifications, recommended degrees too limited, Masters degree is cumbersome and limited, limits pool of employees, incorporates medical model mind set • Proposed standards to plan for all day trips and overnight trips is egregious and overbearing, supports medical model, many facilities are family style • Standard that requires prescription of over-the-counter medications is unnecessary and seems to comply with Medicaid standards, standard to contact doctor if child refuses medicine unless refusal is addressed in standing orders is unnecessary and overburdening • Conclusion – support efforts to improve services but proposed changes will prevent any facility from using the home-like approach, children at VACH 	<p>reviewed every 4 years. A periodic review was due for the Interdepartmental Standards</p> <ul style="list-style-type: none"> • The children's residential facility industry has changed in Virginia which has lead to an increase in applications to operate facilities as noted in the White Paper. Previously, children's residential facilities have been operated by child welfare organizations, hospitals or religious groups, the majority as nonprofit organizations. The recent trend is for private citizens to apply to operate facilities on a for profit basis. The proposed revision attempts to ensure that all facilities, regardless of when they opened, operate with qualified staff making appropriate programmatic decisions based on child welfare experience and education. The revision is also written to ensure that there is enough staff at the facility to meet the needs of the children served. • The regulation needs to be in compliance with Federal statutes and procedures (most notably HIPAA) <p>The <i>Standards for Interdepartmental Regulation of Children's Residential Facilities</i> are not based on funding requirements. The Office of Interdepartmental Regulation received no directive to "turn facilities into treatment facilities." Proposed revisions are based on current child welfare practices and the goal to offer children placed in all different types of residential facilities quality care and service.</p> <p>In most cases, to be a treatment facility, the facility would have to be licensed by DMHMRSAS. Treatment facilities must serve a mental health population and provide treatment by qualified staff, at the facility. Treatment facilities must comply with the <i>Rules and Regulations to Assure the Rights of Individuals Receiving Services From Providers of Mental Health, Mental Retardation and Substance Abuse Services and Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Residential Services for Children</i>, the DMHMRSAS module. Staff ratios for treatment facilities are often more strict than the proposed general 1:6 staffing ratio. For group homes that want to receive Medicaid staffing, ratios are 1 staff to every 4 children. (Many of the facilities that belong to VACH are</p>
--	--	---

	<p>facilities would be forced into more restrictive facilities; concerned about one size fits all and medical model on programs with successful service to children using the social service model; need to ensure that new programs provide quality care; costs need to be considered</p>	<p>ineligible to apply for Medicaid for group homes as their capacities exceed Medicaid limits.) There are no proposed standards to require facilities to be licensed by DMHMRSAS, to serve a mental health population, to offer treatment at the facility or to become Medicaid eligible.</p> <p>The word client is <u>not</u> used in the proposed revision to the regulation. The word resident is used most often to refer to a child placed in a facility. The term resident is used in the current regulation.</p> <p>The Interdepartmental Regulation Program was created to insure that all children's residential facilities are regulated on a consistent basis using one set of standards. This was to eliminate the problems that were occurring before the Interdepartmental Regulation Program was begun - repetitious licensing investigations from different licensing agencies and facilities being told different things by different agencies. The <i>Standards for Interdepartmental Regulation of Children's Residential Facilities</i> are written in such a way as to be suitable for all types of facilities serving many different populations and are flexible to accommodate many different program models. For example, often the regulation asks for the policies and procedures to be written for a certain issue. Policies and procedures for a treatment facility serving emotionally disturbed children would be very different from the policies and procedures written for a facility whose primary focus is to teach independent living skills to children transitioning out of foster care. DMHMRSAS, DOE, and DJJ already have module standards to address issues specific to facilities regulated by these agencies.</p> <p>The proposed standards would not prevent a facility from operating a "family style" program. House parent models are not prohibited.</p> <p>The standard requiring a doctor's prescription for over-the-counter drugs is in the current regulation and not a new proposal. All standards regarding health care are reviewed and approved and often proposed by Department of Health medical experts.</p> <p>While working on the proposed revisions, many other states standards were reviewed, as well as the recommendations of the Child Welfare</p>
--	--	--

	<p>League of America for residential facilities. Issues regarding staff ratios and qualifications for staff were discussed with the Interdepartmental Regulation Advisory Committee where provider groups, including VACH, are represented, to give feedback to the revision committee. Information was also received from other providers, regulators and placing agencies.</p> <p>VACH is represented on the Interdepartmental Regulation Advisory Committee. They had access to all discussions regarding the possibility of a revision as well as access to all proposed working papers. A VACH member also served on the Revision Committee. No issues, as presented in the "White Paper," were mentioned during these meetings.</p> <p>Various members of VACH have met with Charlene Vincent, the Coordinator of the Office of Interdepartmental Regulation and Leslie Knachel, the DSS Child Welfare Licensing Administrator for VACH programs. The former DSS Commissioner and chair of the Interdepartmental Regulation Committee also met with various members of VACH and visited one facility. On June 9, 2004, Commissioner Jones, Ms. Vincent, Ms. Knachel, and representatives from the other participating departments met with representatives of VACH. On July 9, 2004, Ms. Vincent and Ms. Knachel met with the VACH president and another VACH representative to go over the entire regulation to clear up any miscommunication. At every meeting VACH was encouraged to submit public comment during the proposed public comment period. They were encouraged to submit statistics and facts to support their public comment and to offer their solutions to help the revision committee and others who would be reviewing the public comment, make good decisions.</p> <p>VACH has approximately 17 member facilities. Three facilities are not regulated under the <i>Standards for Interdepartmental Regulation of Children's Residential Facilities</i>. Currently, there are approximately 275 facilities licensed under the Interdepartmental Program.</p> <p>In fairness to all facilities affected by the Interdepartmental Regulation Program and to other interested parties including local governments, placing agencies, and neighbors of residential facilities, the Coordinating</p>
--	---

		<p>Committee determined that it would be best to receive all comments regarding the proposed revision during the proposed public comment period when all interested parties have equal access to the proposed draft.</p>
<p>50 individuals associated with VACH</p>	<p>Comments from individuals associated with VACH are all variations of the themes presented in the "White Paper"</p> <p>Thirteen copies of the same letter from individuals at one facility. Want the revision to focus on new facilities. Doesn't think a more restrictive staff to child ratio considers the needs of children; thinks staff requirements mirror Medicaid requirements; thinks standards regarding recreational trips are overbearing; doesn't believe it is necessary to have a prescription for over-the-counter medication and doesn't want to report to a doctor refusals of medication; believes changes will prevent programs from having a home-like approach; concerned about cost of changes; believes changes would force a medical model on all programs and force children into programs with a medical model.</p> <p>Thirteen copies of the same letter with different signatures (faxed twice) requested a public hearing to discuss revisions found in the working papers; believed that facilities serving children are already successful; believes that Virginia already has the most rigorous regulations of any neighboring state; costs will rise; and believes that agencies who care for children do fundraising and save the state money.</p> <p>A letter similar to the letters above but also stating opposition to forcing facilities into "treatment modalities."</p> <p>Six letters from individuals from another facility with similar concerns as those already summarized -</p>	<p>The revision will move forward. VACH members have been encouraged to submit specific public comment during the proposed public comment period.</p>

	<p>revisions concerning staff qualifications will increase costs, Virginia's regulations are more stringent than neighboring states, revisions will force providers to become treatment facilities, and new revisions call the child a client.</p> <p>Nine letters from individuals connected with another provider expressed similar concerns about not being able to provide a home-like environment and having to provide a treatment facility; believing their program works well without making proposed changes; believing the purpose of the revision is for Medicaid billing, reporting Medication refusals is not important; checking on children in confinement every 15 minutes takes time away from other children; requiring stricter ratios and more qualified staff will close non-profit facilities; planning for recreation trips takes time away from children</p> <p>One letter from a director of a facility wants a cost impact study to be conducted regarding proposed changes. Welcomes many proposed changes; suggests that new facilities have separate standards; opposes the stricter staff ratio of 1:6 but would not oppose a staff ratio of 1:8 as he recognizes that the needs of children are more and more difficult; opposes the staff qualification standards and prefers more open standards; opposes standards requiring planning for recreational trips; opposes having to notify the doctor if a child refuses medication; opposes the standard that requires prescriptions for over-the-counter medication</p> <p>A board member of a facility supports the VACH White paper.</p> <p>Another provider asked questions regarding the proposed standards in the working papers. This provider is opposed to requiring a Masters degree; to having 1:6 ratio while children are asleep; planning</p>	
--	--	--

	<p>for recreation trips. The provider is also concerned about cost.</p> <p>Two letters from staff of another facility state that the revisions found in the working papers would rule this facility out as a resource for children. They believe new facilities should identify their populations from the onset. They believe the proposed revisions have the intent to make facilities become Medicaid providers and this facility does not provide treatment.</p> <p>Another provider states that the revision is an attempt to get all facilities to become Medicaid providers. They can not offer a homelike environment if they have to become treatment facilities. The proposed stricter staff ratios will increase costs. The provider opposes the change to check children in confinement every 15 minutes from every 30 minutes as it would take too much staff time.</p> <p>Another individual is against the proposed changes as they do little to add to services but increase costs. He opposes the stricter staff to child ratio and opposes calling the residents clients.</p> <p>In four of the letters summarized above the writer indicated opposition to any revision of the regulation.</p> <p>A director of another facility that is not regulated under the <i>Standards for Interdepartmental Regulation of Children's Residential Facilities</i> and who would not be affected by the change in this regulation wrote that the change in this regulation would force this facility to become a treatment a facility and would increase the facility's costs. He also commented that Virginia has the most vigorous regulations of any neighboring state.</p>	
--	--	--

Family impact

Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.

The changes to the regulation will better assure families who must place their children in a residential facility that safeguards exist to protect their child, and that adequate care and education are provided.

Detail of changes

Please detail all changes that are being proposed and the consequences of the proposed changes. Detail all new provisions and/or all changes to existing sections.

If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all changes between the pre-emergency regulation and the proposed regulation, and (2) only changes made since the publication of the emergency regulation.

Items in the following chart marked with * represent changes made since the publication of the emergency regulation.

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change and rationale
10	10	Definitions of terms used in the regulation.	*Deleted the following definitions as they are no longer found in the regulation: adaptive behavior, boot camp, chemical restraint, client, confinement, intrusive aversive therapy, public funding, responsible adult.
10	10	Definition of residential facility for children "Residential facility for children" or "facility" means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to children separated from their legal guardians and which is required to be licensed or certified by the Code of Virginia except: 1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds; and 2. Private psychiatric hospitals serving children that are licensed by the Department of Mental Health,	*Changed to Children’s Residential Facility to be consistent. Also corrected a reference to DMHMRSAS regulation.

		<p>Mental Retardation and Substance Abuse Services under Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse, 12 VAC 35-102-10 et. seq.</p> <p>Group homes are included under this definition of residential facility for children. Group home means a community-based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 residents.</p>	
NA	NA	NA	*Throughout the regulation changed the word facility to provider where appropriate.
NA	10	Definitions	*Adds a definition of annual for clarification of annual reports and inspections.
10	NA	Definitions	Adds a definition of behavior support assessment as a requirement for a behavior support assessment is being added to the application section as a protection to children and to ensure facility staff can manage the children they accept.
10	10	<p>Definition of compliance plan</p> <p><u>"Compliance Plan"</u> means violations documented by the regulatory authority and the facility's corrective action to the documented violations within a specified time frame.</p>	*Changed to "Corrective Action Plan" for consistency.
10	10	<p>Confined in detention with a suspended commitment to the Department of Juvenile Justice</p> <p><u>"Confined in detention with a suspended commitment to the Department of Juvenile Justice"</u> means that a court has committed the juvenile to the Department of Juvenile Justice but has suspended the commitment and ordered the juvenile confined in a local detention home for a period not to exceed six months as found in §16.1-284.1.B in the <i>Code of Virginia</i>.</p>	*Changed to "confined in post-dispositional detention" to coincide with Virginia Code.
10	10	Definitions of terms used in the regulation.	*Added DJJ as the other agency abbreviations were listed.
10	10	<p>Definition of residential facility for children included the definition of group home</p> <p><u>"Residential facility for children"</u> or <u>"facility"</u> means a publicly or privately operated facility, other than a private family home, where 24-hour per day care is provided to</p>	*Separated the definition of group home from the definition of a residential facility for children to make the definition of group home easier to locate. Added children's residential facility to clarify that a group home is a children's residential facility.

		<p>children separated from their legal guardians and which is required to be licensed or certified by the <i>Code of Virginia</i> except:</p> <ol style="list-style-type: none"> 1. Any facility licensed by the Department of Social Services as a child-caring institution as of January 1, 1987, and which receives no public funds; and 2. Private psychiatric hospitals serving children that are licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services under Rules and Regulations for the Licensure of Facilities and Providers of Mental Health, Mental Retardation and Substance Abuse, 12 VAC 35-102-10 et. seq. <p>Group homes are included under this definition of residential facility for children. Group home means a community-based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 residents.</p>	
10	10	Definitions used in the regulation	*Added a definition of health record to clarify for HIPAA purposes.
10	10	Independent living	*Added competency-based to the definition of independent living.
10	10	Individualized service plan	*Added “measurable” and “goals and objectives” to the definition of individualized service plan.
10	10	<p>Mechanical restraint <u>"Mechanical restraint"</u> means use of devices to restrict the movement of an individual or the movement or normal function of a portion of the individual's body, but does not include the appropriate use of those devices used to provide support for the achievement of functional body position or proper balance and those devices used for specific medical and surgical treatment or treatment for self-injurious behavior.</p>	*Revised the definition to be consistent with the “Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services” - 12 VAC 35 -115 et seq. (Human Rights Regulation)
10	10	<p>Medication error <u>"Medication error"</u> means that an error has been made in administering a medication to a resident when any of the following occur: (i) the wrong medication is given to a resident; (ii) the wrong resident is given the medication; (iii) the wrong dosage is given to a resident; (iv) medication is given to a resident at the wrong time or not at all; and (v) the proper method is not used to give the medication to a resident.</p>	*Clarified the definition by adding that a resident’s refusal of medication should not be considered a medication error.

10	10	Definitions used in the regulation	*Added a definition of personal health information.
10	10	Definitions used in the regulation	*Added a definition of pharmacological restraint to be consistent with Human Rights Regulation.
10	10	Physical restraint "Physical restraint" means the restraint of a resident's body movements by means of physical contact by staff members. Physical restraint does not include physical prompts or guidance used with individuals with diagnosed mental disabilities in the education or training of adaptive behaviors. (See definition of "adaptive behavior.")	*Revised the definition to be consistent with Human Rights Regulation.
10	10	Program "Program" means a combination of procedures or activities carried out in order to meet a specific goal or objective.	*Deleted the definition of program and replaced with "structured program of care."
10	10	Licensee	*The term provider and licensee are interchangeable.
10	10	Definitions used in the regulation	*Added the definition of regulatory authority, as it is now used in the regulation.
10	10	Resident "Resident" means a person admitted to a children's residential facility for supervision, care, training or treatment on a 24-hour per day basis. Resident includes children making preplacement visits to the facility. When the term is used, the requirement applies only to individuals who have been admitted to the facility and those making preplacement visits.	*Revised the definition of resident, as preplacement visits are no longer required.
10	10	Rest day "Rest day" means a period of not less than 32 consecutive hours during which a staff person has no responsibility to perform duties related to the facility. Two successive rest days means a period of not less than 48 consecutive hours during which a staff person has no responsibility to perform duties related to the facility. Each successive rest day immediately following the second shall consist of not less than 24 additional consecutive hours.	*The definition was simplified.
10	10	Routine admission "Routine admission" means the admittance of a child following evaluation of an application for admission, completion of preplacement activities, and execution of a written placement agreement.	*The words "completion of a preplacement visit" were deleted, as the preplacement visit requirement is being deleted.
10	10	Temporary contract worker	*Definition added

10	10	<p>Time out <u>"Timeout"</u> means temporarily removing a resident and placing the resident alone in a special timeout room that is unfurnished or sparsely furnished and which contains few reinforcing environmental stimuli.</p>	*Revised to be consistent with Human Rights Regulation
10	10	<p>Treatment <u>"Treatment"</u> means any action which helps a person in the reduction of disability or discomfort, the amelioration of symptoms, undesirable conditions or changes in specific physical, mental, behavioral or social functioning.</p>	*Revised to be consistent with DMHMRSAS definition.
10	10	<p>Wilderness Camp <u>"Wilderness camp"</u> means a facility specifically approved to provide a primitive camping program with a nonpunitive environment and an experience curriculum for residents nine years of age and older who cannot presently function in home, school, and community. In lieu of or in addition to dormitories, cabins or barracks for housing residents, primitive campsites are used to integrate learning and therapy with real living needs and problems for which the resident can develop a sense of social responsibility and self worth.</p>	*Changed to wilderness program.
NA	20	NA	Added a requirement that DOE, DJJ, DMHMRSAS and DSS assist and cooperate with each other in the licensing and certification of children's residential facilities. Consistent regulation of children's residential facilities will promote the health, safety and welfare of the residents.
20	30	<p>Applications Initial applications</p> <ol style="list-style-type: none"> 1. A completed application shall be submitted at least 60 days in advance of the planned opening date. 2. The applicant shall document funds or a line of credit sufficient to cover at least 90 days of operating expenses unless the facility is operated by a state or local government agency, board or commission. 3. A corporation, unincorporated organization or association, an individual or a partnership proposing to operate a facility shall submit with the initial application evidence of financial 	<ul style="list-style-type: none"> • *For clarification, a complete listing of documents that are required for an initial application was added to the section. • *Added a requirement that new applications which are not complete in 12 months will be closed to clarify procedures. • *Added a requirement that a provider must substantially comply with applicable regulations before new facilities can be licensed to clarify procedures.

		<p>responsibility and sufficient funds to operate. This shall include:</p> <p>a. A working budget showing projected revenue and expenses for the first year of operation; and</p> <p>b. A balance sheet showing assets and liabilities.</p> <p>4. Facilities operated by state or local government agencies, boards and commissions shall submit evidence of sufficient funds to operate including a working budget showing appropriated revenue and projected expenses for the coming year.</p>	
30	50	<p>Visitation of facilities Representatives of the departments shall make announced and unannounced visits during the effective dates of the license/certificate. The purpose of these visits is to monitor compliance with applicable standards.</p>	<ul style="list-style-type: none"> • *Changes the word “visit” to “review.” • Added a requirement that the regulatory authority shall notify relevant local governments and placing and funding agencies, including CSA, of multiple health and safety or human rights violations in children’s residential facilities when the violations result in a provisional license. This requirement will give placing agencies information to make appropriate placement decisions.
NA	60	NA	<p>Added requirements for posting information on a web site regarding children’s residential facilities. This will give the public, as well as placing agencies, information about facilities and facilities in application.</p>
35	70	<p>General requirements A. The facility shall demonstrate full compliance with sufficient applicable standards to clearly demonstrate that its program and physical plant can provide reasonable safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances which pose an immediate and direct danger to residents. B. Corporations sponsoring residential facilities for children shall maintain their corporate status in accordance with Virginia law. Corporations not organized and empowered solely to operate residential facilities for children shall provide for such operations in their charters. C. The facility shall comply with the terms of its license or</p>	<ul style="list-style-type: none"> • *Deleted the requirement that corporations not organized and empowered solely to operate residential facilities for children shall provide for such operations in their charters as this is no longer necessary. • *Deleted “in addition to the sanctions specified in this chapter” from former standard 35.G as no additional sanctions are listed. • Added a requirement that facilities self-report within 72 hours lawsuits or settlements with residential facility operators relating to health and safety or human rights of residents and any criminal charges against staff that may have been made relating to the health and safety or human rights of residents. This requirement will allow others to have

		<p>certificate.</p> <p>D. A license or certificate is not transferable and automatically expires when there is a change of ownership or sponsorship.</p> <p>E. The current license or certificate shall be posted at all times in a place conspicuous to the public.</p> <p>F. A license or certificate shall not be issued to a facility when noncompliance poses an immediate danger to the resident's life, health or safety.</p> <p>G. Intermediate sanctions authorized by statute may be imposed at the discretion of the regulatory authorities in addition to the sanctions specified in this chapter.</p>	<p>this information when making decisions.</p> <ul style="list-style-type: none"> • *For clarification added a requirement that the provider be in compliance with federal, state, or local laws and regulations. • *Added a requirement that providers must keep a current policy and procedures manual accessible to staff. • *Added a requirement that the provider shall comply with their own policies and procedures.
NA	80	Written corrective action plans	*For clarity, added a section regarding corrective action plans stating what is required and timeframes for the return of the corrective action plan.
40	90	<p>Licenses and certificates</p> <p>B. Facilities Regulated by DOE, DMHMRSAS, or DSS</p> <p>1. A triennial license or certificate shall be issued when the facility (i) applies for renewal while holding an annual or triennial license or certificate and (ii) substantially meets or exceeds the requirements of the interdepartmental standards and other applicable regulations and statutes.</p> <p>2. Annual Licenses/Certificates.</p> <p>a. An annual license or certificate shall be issued when the facility:</p> <p>(1) Applies for renewal while holding a conditional or provisional license or certificate and substantially meets or exceeds the requirements of the interdepartmental standards and other applicable regulations and statutes; or</p> <p>(2) Applies for renewal while holding an annual or triennial license or certificate and one systemic deficiency has been identified during the licensure or certification period without the facility taking acceptable, documented corrective action;</p> <p>b. An annual license or certificate may be issued to a facility whose sponsor requests establishment of a new facility to serve the same target population as that currently being served by the sponsor in facilities regulated through the Interdepartmental Regulatory Program.</p> <p>c. An annual license or</p>	<ul style="list-style-type: none"> • Allows the facility's license or certificate to be modified during the licensure or certification period if there is a change in compliance. This will allow the licensure period to be reduced if a facility is not in compliance with standards. (Changes regulation to be consistent with <i>Code of Virginia</i>.) • *All references to corrective action regarding systemic deficiencies were deleted as most systemic deficiencies are cited at the time the license is issued. There is no time to take corrective action.

		<p>certificate may be renewed, but an annual license or certificate and any renewals thereof shall not exceed a period of 36 successive months for all annual licenses and renewals combined.</p> <p>3. Provisional Licenses/Certificates</p> <p>a. A provisional license or certificate shall be issued when the facility:</p> <p>(1) Applies for renewal while holding an annual or triennial license or certificate, and during the licensure or certification period there have been two or more occasions when systemic deficiencies have been identified without the facility taking acceptable, documented corrective action; or</p> <p>(2) Applies for renewal while holding a conditional license or certificate and, during the licensure or certification period, has demonstrated that its programs and services do not substantially comply with the interdepartmental standards or other applicable regulations or statutes.</p> <p>b. A provisional license or certificate may be renewed, but a provisional license or certificate and any renewals thereof shall not exceed a period of six successive months for all provisional licenses and renewals combined.</p> <p>c. A facility holding a provisional license or certificate shall demonstrate progress toward compliance.</p>	
50	100	<p>Application fee</p> <p>There shall be no fee to the licensee for licensure or certification.</p>	<p>*Established a \$500 fee for initial application fee and a \$100 fee for renewal application. No fees will be charged to state or locally operated facilities. Fees to be used for training as suggested by JLARC study,</p>
60	110	<p>Modification</p> <p>A. The conditions of a license or certificate may be modified during the term of the license or certificate with respect to the capacity, residents' age range, facility location, or changes in the services.</p> <p>B. The licensee shall submit a written report of any contemplated changes in operation which would affect the terms of the license or certificate or the continuing eligibility for licensure or certification.</p> <p>C. A change shall not be implemented prior to approval by the regulatory authority. A determination will be made as to</p>	<p>*Clarified the standard by adding gender to the reasons a license could be modified; clarified that limited modifications would be approved during a conditional licenses; simplified the language of the standard; clarified where the request for modification should be sent.</p>

		whether changes will be approved and the license or certificate modified accordingly or whether an application for a new license or certificate must be filed. The licensee will be notified in writing within 60 days following receipt of the request as to whether the modification is approved or a new license or certificate is required.	
70	120	<p>Denial</p> <p>A. An application for licensure or certification may be denied when the applicant:</p> <ol style="list-style-type: none"> 1. Violates any provision of applicable laws or regulations made pursuant to such laws; 2. Has a founded disposition of child abuse or neglect after the appeal process has been completed; 3. Has been convicted of a crime listed in §§ 37.1-183.3 and 63.1-248.7:2 of the <i>Code of Virginia</i>; 4. Has made false statements on the application or misrepresentation of facts in the application process; 5. Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials. 	*Added history of adverse licensing actions or sanctions to reasons for denial.
80	130	<p>Revocation</p> <p>A. The license or certificate may be revoked when the licensee:</p> <ol style="list-style-type: none"> 1. Violates any provision of applicable laws or applicable regulations made pursuant to such laws; 2. Permits, aids or abets the commission of any illegal act in the regulated facility; 3. Engages in conduct or practices which are in violation of statutes related to abuse or neglect of children; 4. Deviates significantly from the program or services for which a license or certificate was issued without obtaining prior written approval from the regulatory authority or fails to correct such deviations within the specified time; or 5. Engages in a willful action or gross negligence which jeopardizes the care or protection of residents. 	Deleted repetitive subsection.
NA	140	NA	Added the procedures for summary suspension to be consistent with <i>Code of Virginia</i> . In egregious situations, this will allow the lead regulatory agency to remove the residents during the pendency of the revocation, denial, or other action.

90	150	<p>Variance A. Any request for a variance shall be submitted in writing to the regulatory authority. B. A variance shall not be effected prior to approval of the regulatory authority.</p>	<p>*The elements of a variance request were added, as requested by regulators.</p>
110	180	<p>Responsibilities of the provider A. The licensee shall appoint a qualified chief administrative officer to whom it delegates in writing the authority and responsibility for administrative direction of the facility. B. A qualified staff member shall be designated to assume responsibility for operation of the facility in the absence of the chief administrative officer. C. The licensee shall develop a written statement of the philosophy and the objectives of the facility including a description of the target population and the program to be offered. D. The licensee shall review, at least annually, the program of the facility in light of the population served and the objectives of the facility. E. The licensee shall review, develop and implement programs and administrative changes in accord with the defined purpose of the facility.</p>	<ul style="list-style-type: none"> • *The requirement to designate a qualified staff person to assume responsibility of the chief administrative officer in his absence was replaced with a requirement to develop and implement a decision making plan including an organizational chart to clarify who can make decisions. • *The requirement of the provider to review the program annually was revised to require that the provider develop policies and procedures to evaluate service quality and effectiveness to ensure that providers are evaluating their services. • *The provider is required to make improvements as identified by the on-going evaluation.
120	190	<p>Fiscal accountability A. Facilities operated by corporations, unincorporated organizations or associations, individuals or partnerships shall prepare, at the end of each fiscal year: 1. An operating statement showing revenue and expenses for the fiscal year just ended; 2. A working budget showing projected revenue and expenses for the next fiscal year that gives evidence that there are sufficient funds to operate; and 3. A balance sheet showing assets and liabilities for the fiscal year just ended. B. There shall be a system of financial record keeping that shows a separation of the facility's accounts from all other records.</p>	<p>*The provider is required to develop policies and procedures to address the day-to-day handling of funds.</p>
130	200	<p>Insurance B. The facility shall maintain liability insurance on vehicles operated by the facility.</p>	<p>*The requirement to maintain liability insurance on vehicles was revised to require documentation showing that all vehicles used to transport residents are insured, including vehicles owned by staff, as many providers ask that staff use their own vehicles.</p>
150	220	<p>Weapons</p>	<ul style="list-style-type: none"> • *Added the possession of licensed

		<p>The facility shall have and implement a written policy governing the possession and use of firearms, pellet guns, air rifles, and other weapons on the facility's premises. The policy shall provide that no firearms, pellet guns, air rifles, or other weapons shall be permitted on the premises unless the weapons are:</p> <ol style="list-style-type: none"> 1. In the possession of licensed security personnel, 2. Kept securely under lock and key, or 3. Used under the supervision of a responsible adult in accord with policies and procedures developed by the facility for the weapons' lawful and safe use. 	<p>law enforcement officers, as facilities sometimes have officers come to their facilities.</p> <ul style="list-style-type: none"> • *Added facility related activities to cover when residents and staff may be off premises. • *Added a requirement that if residents are to use weapons, permission from the resident's legal guardian is required.
160	230	<p>Relationship to the regulatory authority</p> <p>B. The governing body or its official representative shall notify the regulatory authorities within five working days of:</p> <ol style="list-style-type: none"> 1. Any change in administrative structure or newly hired chief administrative officer; and 2. Any pending changes in the program including, but not necessarily limited to: the setting where services are performed, the services provided, staff qualifications, organizational structure, target population, or capacity. 	<p>*This standard was revised to make it more consistent with the section on modification.</p>

180	250	<p>Health information</p> <p>A. Health information required by this section shall be maintained for each staff member and for each individual who resides in a building occupied by residents including each person who is not a staff member or resident of the facility.</p> <p>B. Initial Screening for Tuberculosis</p> <p>1. Each individual shall obtain an evaluation documenting the absence of tuberculosis in a communicable form no earlier than 30 days before or no later than seven days after employment or contact with residents.</p> <p>2. Each individual shall annually submit the results of a Mantoux tuberculin skin test, chest x-ray or bacteriological examination, as deemed appropriate by the examining physician, documenting that the individual is free of tuberculosis in a communicable form.</p> <p>3. The documentation shall include all information contained on a "Report of Tuberculosis Screening" form recommended by the Virginia Department of Health.</p> <p>4. An evaluation shall not be required for an individual who (i) has separated from employment with a facility licensed or certified by the Commonwealth of Virginia, (ii) has a break in service of six months or less, and (iii) submits the original statement of tuberculosis screening to his new employer.</p>	<ul style="list-style-type: none"> • *Added that health information should be maintained in a confidential manner. • Each new staff person should obtain a screening assessment for TB as evidenced by a completed form with the elements contained on a current risk assessment screening form published by the Department of Health. The risk assessment must be completed at the time of hire and no earlier than 30 days before the date of hire. Deletes exceptions. This is the Department of Health's recommendation. • Each staff person shall have an annual screening assessment as evidenced by a completed form containing the elements of the current risk assessment screening form published by the Department of Health. <p>Protects children from TB and protects staff from unnecessary medical procedures.</p>
200	270	<p>Qualifications</p> <p>A. Standards establishing minimum position qualifications shall be applicable to all facilities. In lieu of the minimum position qualifications contained in this chapter, facilities subject to (i) the rules and regulations of the Virginia Department of Personnel and Training, or (ii) the rules and regulations of a local government personnel office may develop written minimum entry level qualifications in accord with the rules and regulations of the supervising personnel authority.</p>	<p>Updates the name of the Virginia Department of Personnel and Training to Human Resource Management.</p>
210	280	<p>Job descriptions</p> <p>A. There shall be a written job description for each position which, at a minimum, includes the:</p> <ol style="list-style-type: none"> 1. Job title; 2. Duties and responsibilities of the incumbent; 3. Job title of the immediate supervisor; and 4. Minimum knowledge, 	<p>Added a requirement that minimum education and experience be added to the job description to insure that staff have the proper qualifications.</p>

		skills and abilities required for entry level performance of the job.	
220	290	<p>Written personnel policies and procedures</p> <p>B. The facility shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each position possess the knowledge, skills and abilities specified in the job description for the position.</p>	<ul style="list-style-type: none"> • *Clarified that the provider have approved policies and procedures, as some providers cannot approve their own policies and procedures because they are part of a bigger organization e.g. local government. • Added a requirement that individuals hired for a position have the education and experience for the position as described in the job description. • Deleted requirements regarding child abuse and neglect, because they are in another section.
230	300	<p>Personnel records</p> <p>A. Separate up-to-date written or automated personnel records shall be maintained for each employee and for each volunteer and contractual service provider for whom background investigations are required by Virginia statute. Content of personnel records of volunteers and contractual service providers may be limited to documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations.</p> <p>B. The records of each employee shall include:</p> <ol style="list-style-type: none"> 1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number; 2. Educational background and employment history; 3. Written references or notations of oral references; 4. Reports of required health examinations; 5. Annual performance evaluations; 6. Date of employment and separation; and 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations. 	<ul style="list-style-type: none"> • *Added that providers keep personnel records on student/interns. • *Allows providers to use a unique identifier instead of a social security number to protect against identity theft. • Added a requirement that documentation of educational degrees and professional certification be kept in the record. • Added that documentation of medication, first aid, CPR, and all other training be kept in the record. This will help determine staff qualifications. • *Added student/intern records must be kept for 3 years. • *Added health records can be maintained separately as required by federal regulation.
240	310	<p>Staff development</p> <p>A. New employees, relief staff, volunteers and students/interns shall within one calendar month of employment be given orientation and training regarding the objectives and philosophy of the facility, practices of confidentiality, other policies and procedures that are</p>	<ul style="list-style-type: none"> • *Added that employees transferring from other facilities operated by the provider be given orientation and training regarding the new facility. • *Changed the requirement for new employees, volunteers, students to have orientation and training regarding the facility within 14 days

		<p>applicable to their positions, and their duties and responsibilities.</p> <p>B. The facility shall develop a staff training plan that addresses the knowledge, skills, and abilities that employees need to perform their job.</p> <p>C. Regular supervision of staff shall not be the only method of staff development.</p> <p>D. All personnel shall receive documented training and other staff development activities as necessary to enable them to adequately perform their job responsibilities.</p>	<p>instead of 30 days.</p> <ul style="list-style-type: none"> • *Added that part of this orientation include information about the provider's decision making plan and the Interdepartmental Standards, including the prohibited actions outlined in the standards. • *Reorganized all training requirements and brought all requirements to this section. • *Added initial and annual training requirements for emergency response. • Required that all staff working with residents be enrolled in CPR and first aid classes within 30 days of hire. • *Added a requirement that all staff be trained within 30 days on the provider's policies and procedures regarding universal precautions and annually thereafter. • *Requires that all staff working with residents be trained in child abuse and neglect, mandatory reporting, boundary issues, and suicide prevention within 30 days of hire and annually. • *Requires an additional 15 hours of training. • *Added a requirement that policies and procedures be developed to require training for part time staff. • *Training must be comprehensive and ensure that staff have the competencies to perform their duties. <p>Increased training was recommended by the December 2006 JLARC study.</p>
250	320	<p>Supervision</p> <p>Regular supervision of staff, volunteers, and students/interns shall be provided.</p>	<p>*Requires policies and procedures for supervision of staff, volunteers and student/interns.</p>
NA	330	NA	<p>Added requirements for the applicant. The applicant must be trained on the siting of a facility, the applicant must be interviewed in person by the regulatory authority to determine qualifications and the applicant must hire someone with the required qualifications to be chief administrative officer if the applicant is not qualified. This will better ensure that the person making administrative decisions at the facility is qualified.</p>
260	340	Chief administrative officer	<ul style="list-style-type: none"> • Added duties of the chief

		<p>A chief administrative officer appointed after July 1, 2000 shall have at least:</p> <p>1. A baccalaureate degree from an accredited college or university in the field of human services, institutional management, social work, education or other allied discipline; or</p> <p>2. A baccalaureate degree from an accredited college or university with two years of successful work experience with children in the field of institutional management, social work, education or other allied profession.</p>	<p>administrative officer, as these duties are critical to the successful operation of the facility and involve decisions that need to be made by qualified staff.</p> <ul style="list-style-type: none"> • *Increased the qualification requirements of the CAO to include a Master’s degree in social work, psychology, counseling, or nursing and 2 years experience of full time work experience in a children’s residential facility and 1 year experience in an administrative or supervisory capacity; <u>or</u> a baccalaureate degree in social work, psychology, counseling, or nursing and 3 years full time work experience with children at least 2 of which were in a children’s residential facility and 1 year of administrative or supervisory experience; <u>or</u> a master’s degree in education and 2 years of full time experience in a children’s residential facility and 1 year full time experience in an administrative or supervisory capacity or a baccalaureate degree in education and 3 years of full time experience with children at least 2 of which were in a children’s residential facility and 1 year of administrative experience may be accepted for a program whose lead agency is the Department of Education; <u>or</u> a baccalaureate degree and 7 years of full time paid work experience with children at least 4 of which shall be in a children’s residential facility and 2 years of administrative or supervisory experience. • Added that the chief administrative officer must provide transcripts within 30 days of hire certified by the accredited college or university of attendance and documentation of prior relevant experience to ensure the program director is qualified to work with the residents.
270	350	<p>Program director</p> <p>B. Persons directing programs shall be responsible for the development and implementation of the programs and services offered by the facility.</p> <p>C. Persons directing programs of a facility licensed or</p>	<ul style="list-style-type: none"> • Changed the title of the section to Program Director. • Added the duties of overseeing assessments, service planning, staff scheduling, and supervision to clarify who should be performing

		<p>certified to care for 13 or more residents shall be full-time, qualified staff members.</p> <p>D. A person appointed after July 1, 1981, to direct programs shall have:</p> <ol style="list-style-type: none"> 1. A baccalaureate degree from an accredited college or university with two years of successful work experience with children in the field of institutional management, social work, education or other allied discipline; 2. A graduate degree from an accredited college or university in a profession related to child care and development; or 3. A license or certificate issued by the Commonwealth of Virginia as a drug or alcoholism counselor/worker if the facility's purpose is to treat drug abuse or alcoholism. 	<p>these critical functions.</p> <ul style="list-style-type: none"> • *Increased the requirements to a master's degree in social work, psychology, counseling, or nursing and 2 years of full time paid work experience with children one of which needs to be in a children's residential program and 1 year of administrative or supervisory experience; <u>or</u> a baccalaureate degree in social work, psychology, counseling, or nursing and 3 years full time paid experience working with children, 1 of which must be in a children's residential facility and 1 year of administrative or supervisory experience; <u>or</u> a baccalaureate degree and 5 years of full time paid experience working with children, at least 3 of which must be in a children's residential facility and 1 year of full time supervisory or administrative experience, or a master's degree in education and 2 years of full time aid work experience with children, 1 in a children's residential facility and 1 year of administrative/supervisory experience or a baccalaureate degree in education with an endorsement in at least 1 area of disability served by the program and 3 years full time paid experience working with children, 1 in a children's residential facility and 1 year administrative/supervisory experience for a program director of a program whose lead agency is the Department of Education. • Added the program director must provide transcripts within 30 days of hire certified by the college or university of attendance and documentation of prior relevant experience to ensure the program director is qualified to work with the residents.
NA	360	<p>Case manager (Requirements in former 670 to perform social services –</p> <p>C. Social services consistent with the goals of the service plan shall be provided to meet the specific needs of each resident, except residents of secure detention facilities who are</p>	<ul style="list-style-type: none"> • *Added a requirement for a case manager. • *Case managers shall have the responsibility for: <ul style="list-style-type: none"> ○ Coordination of all services offered to each resident ○ Provision of social services as required in 720.A

		<p>not confined with a suspended commitment to the Department of Juvenile Justice, in one of the following ways:</p> <p>1. By or under the direct supervision of a staff member who (i) holds a bachelor's degree in psychology, counseling, social work, or other discipline specifically approved by the regulatory authority and (ii) has completed two years of successful experience in psychology, counseling, social work, or other field specifically approved by the regulatory authority (In lieu of two years experience, the person may work under the direct supervision of a qualified supervisor for a period of two years.)</p>	<ul style="list-style-type: none"> *Case managers shall have: A master's degree in social work, psychology, or counseling; <u>or</u> baccalaureate degree in social work or psychology with documented field work experience and must be supervised by the program director or other staff employed by the provider with the same qualifications as required by 350.D; <u>or</u> a baccalaureate degree and 3 years of full time experience working with children with at least 1 year in a children's residential facility <p>Added to ensure that someone qualified is making the decisions at the facility on a day-to-day basis.</p>
280	370	<p>Child care supervisor</p> <p>D. An individual supervising child care workers shall have:</p> <p>1. A baccalaureate degree from an accredited college or university and two years experience in the human services field, at least one of which shall have been in a residential facility for children; or</p> <p>2. A high school diploma or a General Education Development Certificate (G.E.D.) and a minimum of five years experience in the human service field with at least two years in a residential facility for children.</p>	<ul style="list-style-type: none"> *Separated the child care supervisor from the rest of the child care staff standard so it would be more visible. *Added duties for the child care supervisor. *Changed qualification requirements to a social work or psychology baccalaureate degree and 2 years of full time paid experience with children with 1 year in a children's residential facility, kept option of high school or GED with a minimum of 5 years experience with 2 at a children's residential facility. Added a combination of education and experience working with children as approved by the lead regulatory agency.
280	380	<p>Child care staff</p> <p>E. The child care worker shall have direct responsibility for guidance and supervision of the children to whom he is assigned including:</p> <p>1. Overseeing physical care;</p> <p>2. Development of acceptable habits and attitudes;</p> <p>3. Management of resident behavior; and</p> <p>4. Helping to meet the goals and objectives of any required service plan.</p> <p>F. A child care worker shall:</p> <p>1. Be a high school graduate or have a General Education Development Certificate (G.E.D.); and</p> <p>2. Have demonstrated, through previous life and work experiences, an ability to maintain</p>	<ul style="list-style-type: none"> *Added qualification requirements for a baccalaureate degree in human services or an associates degree and three months experience working with children, or a high school degree or GED and 6 months experience. *Also have option of a high school degree/GED and no experience as long as the person does not work alone and is working with the child care supervisor, the chief administrative officer, the program director, or the case manager. *Increased age of child care workers from 18 to 21. *Added the requirement that the provider could not be dependent on temporary contract workers (added

		<p>a stable environment and to provide guidance to children in the age range for which the child care worker will be responsible.</p> <p>G. An individual hired, promoted, demoted, or transferred to a child care worker's position after July 1, 2000 shall be at least 18 years older.</p>	<p>definition) to provide direct care.</p>
290	390	<p>Relief Staff Qualified relief staff shall be employed as necessary to maintain required staff/child ratios at all times and to maintain a structured program of care in accordance with 22 VAC 42-10-690.</p>	<ul style="list-style-type: none"> *Changed wording to say that enough relief staff must be available to maintain the structured program of care. Relief child care staff requirements added in child care section.
300	NA	<p>Medical Staff A. Services of a licensed physician shall be available for treatment of residents as needed. B. Each nurse shall hold a current nursing license issued by the Commonwealth of Virginia. C. At all times that children are present there shall be at least one responsible adult on the premises who has received within the past three years a basic certificate in standard first aid issued by the American Red Cross or other recognized authority for each 16 children or portion thereof on the premises. Each nurse on the premises who holds a current nursing license issued by the Commonwealth of Virginia may be considered to hold a current certificate in first aid. D. At all times that children are present there shall be at least one responsible adult on the premises who has a current certificate in cardiopulmonary resuscitation issued by the American Red Cross or other recognized authority for each 16 children or portion thereof on the premises. (portions moved to 314 and 830)</p>	<p>*This section was deleted as all requirements were moved to other sections or were repetitive.</p>
310	400	<p>Volunteers and student interns A. A facility that uses volunteers or students/interns shall develop and implement written policies and procedures governing their selection and use. B. The facility shall not be dependent upon use of volunteers or students/interns to provide basic services. C. Responsibilities of volunteers and students/interns shall be clearly defined in writing. D. Volunteers and students/interns shall have qualifications appropriate to the services they render. E. Volunteers and</p>	<ul style="list-style-type: none"> *Deleted the requirements that volunteers comply with confidentiality policies as it is covered in another section of the standards. *Deleted the requirement that volunteers be informed of liability protection as this is good practice but not a regulatory issue.

		<p>students/interns shall comply with all regulations governing confidential treatment of personal information.</p> <p>F. Volunteers and students/interns shall be informed of liability protection, if any, provided by the facility.</p>	
330	420	<p>Buildings, inspections and building plans</p> <p>A. All buildings and building related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy indicating that the building is classified for its proposed use.</p> <p>B. The facility shall document at the time of its original application and annually thereafter that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13 VAC 5-51-10 et. seq.).</p> <p>C. At the time of the original application and at least annually thereafter the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include:</p> <ol style="list-style-type: none"> 1. General sanitation; 2. The sewage disposal system; 3. The water supply; 4. Food service operations; and 5. Swimming pools. <p>D. The buildings shall provide adequate space and shall be of a design that is suitable to house the programs and services provided.</p>	<ul style="list-style-type: none"> • Added to the requirement that buildings provide adequate space and be of a design suitable to house the programs and services provided, that physical environment also shall provide adequate space and design. Also, adds the requirement that buildings and physical environment meet the specialized needs of the residents. This will ensure that the residential environment will be suitable for the population served. • *Deleted the requirement that the certificate of occupancy state the proposed use of the building as many localities will not do this. • *A change was made to allow swimming pool companies to inspect swimming pools at the suggestion of the Department of Health.
335	430	<p>Heating systems, ventilation and cooling systems</p> <p>A. Heat shall be evenly distributed in all rooms occupied by the residents such that a temperature no less than 65° F is maintained, unless otherwise mandated by state or federal authorities.</p> <p>C. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 85° F.</p>	<ul style="list-style-type: none"> • *The lowest temperature of a living area was increased from 65° to 68° F. • *The highest temperature of a living area was decreased from 85° to 80° F.
340	440	<p>Lighting</p> <p>B. All areas within buildings shall be lighted for safety.</p> <p>C. Lighting in halls and bathrooms shall be adequate and shall be continuous at night.</p> <p>D. Lighting shall be sufficient for the activities being</p>	<p>*Combined 2 standards to require lighting to be sufficient for safety and for activities performed.</p>

		performed.	
350	450	<p>Plumbing</p> <p>C. Precautions shall be taken to prevent scalding from running water.</p> <p>D. Mixing faucets shall be installed in all newly constructed buildings and when making structural modifications or additions to existing buildings.</p>	<ul style="list-style-type: none"> *A requirement for mixing faucets was deleted as the use of mixing faucets is the accepted practice of builders at this time. The Department of Housing and Community Development advised that this requirement was no longer needed. *Added that water temperatures should be maintained at 100°-120° F.
360	460	<p>Toilet facilities</p> <p>C. There shall be at least one toilet, one hand basin and one shower or tub for every eight residents.</p> <p>D. There shall be one toilet, one hand basin and one shower or tub for every four residents in any building constructed or structurally modified after July 1, 1981 except secure detention facilities.</p>	<p>*All facilities licensed after the effective date of these standards will be required to have 1 toilet, 1 hand basin, and 1 shower or tub for every 4 residents.</p>
370	470	<p>Personal necessities</p> <p>A. An adequate supply of personal necessities shall be available to the residents at all times for purposes of personal hygiene and grooming. Personal necessities include, but are not necessarily limited to, soap, toilet tissue, toothpaste, individual tooth brushes, individual combs and shaving equipment.</p> <p>C. When residents are incontinent or not toilet trained:</p> <ol style="list-style-type: none"> Provision shall be made for sponging, diapering or other similar care on a nonabsorbent changing surface which shall be cleaned with warm soapy water after each use. A covered diaper pail, or its equivalent, with leak proof disposable liners shall be available. If both cloth and disposable diapers are used there shall be a diaper pail for each. Adapter seats and toilet chairs shall be cleaned immediately after each use with warm soapy water; Staff shall thoroughly wash their hands with warm soapy water immediately after assisting a child or themselves with toileting. 	<ul style="list-style-type: none"> *Deleted from the standard the listing of personal items as it was thought this information should be included in the interpretive material. *Added a requirement that towels and wash cloths be in good repair. *Changed the requirement to use warm, soapy water to clean toilets and adapter seats, to use appropriate cleaning materials. *Added a requirement that privacy, dignity, and confidentiality be maintained during toileting and diapering of older residents.
380	480	<p>Sleeping areas</p> <p>E. Sleeping quarters in facilities licensed by the DSS prior to July 1, 1981 and facilities established, constructed or structurally modified after July 1, 1981, except for primitive campsites, shall have:</p> <ol style="list-style-type: none"> At least 80 square feet 	<ul style="list-style-type: none"> *Combined standards by adding the word clean to the standard requiring separate bedding. *Changed standard regarding mattresses to be consistent with Fire Code. *Revised ceiling height

		<p>of floor area in a bedroom accommodating one person;</p> <p>2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and</p> <p>3. Ceilings at least 7½ feet in height.</p> <p>F. Each child shall have a separate, clean, comfortable bed equipped with mattress, pillow, blankets, bed linens, and, if needed, a waterproof mattress cover.</p> <p>I. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer.</p>	<p>requirements.</p>
390	500	<p>Resident’s privacy Moved from previous 670 Children shall be provided privacy from routine sight supervision by staff members of the opposite gender while bathing, dressing, or conducting toileting activities. This section does not apply to medical personnel performing medical procedures, to staff providing assistance to infants, or to staff providing assistance to children whose physical or mental disabilities dictate the need for assistance with these activities as justified in the client’s record.</p>	<ul style="list-style-type: none"> • *Prohibits the use of video and audio monitoring of children except in common areas or hallways or with the permission of the regulatory authority and, where appropriate, the Office of Human Rights. Added secure custody to the exception. • *Moved another standard regarding privacy to this section.
400	510	<p>Living rooms and indoor recreation space A. Each living unit shall have a living room, or other area for informal use, for relaxation and entertainment. The furnishings shall provide a comfortable, home-like environment that is appropriate to the ages of the residents. B. Facilities licensed or certified to care for 13 or more residents shall have indoor recreation space that contains recreation equipment appropriate to the ages and interests of the residents. The indoor recreation space shall be distinct from the living room, but recreation space is not required in every living unit.</p>	<ul style="list-style-type: none"> • *Clarified that secure custody does not have to have a living room area. • *Clarified that all facilities need to have indoor recreation space and materials. • *Clarified that facilities with 13 or more residents need to have indoor recreation space separate from the living room.
450	560	<p>Staff quarters D. When 13 or more residents reside in a living unit a separate, private living room shall be provided for child care staff who are required to be in the living unit for 24 hours or more, except at primitive campsites. E. When child care staff are on duty for less than 24 hours, a bed shall be provided for use by each staff member on duty during night hours unless the staff member is required to stay awake.</p>	<ul style="list-style-type: none"> • *Deleted the requirement that live-in staff have a separate living room. • *Deleted the requirement that a bed be provided for overnight staff.

490	600	<p>Housekeeping and maintenance</p> <p>D. All linens shall be kept clean and in good repair.</p>	<p>*Deleted the requirement for linens to be clean and in good repair, as this is required in another standard.</p>
500	610	<p>Farm and domestic animals</p> <p>A. Horses and other animals maintained on the premises shall be quartered at a reasonable distance from sleeping, living, eating and food preparation areas.</p> <p>B. Stables and corrals shall be located so as to prevent contamination of water supplies.</p> <p>C. Manure shall be removed from stalls and corrals as often as necessary to prevent fly problems.</p>	<ul style="list-style-type: none"> • *Combined the standards for quartering animals a reasonable distance from sleeping, eating, food preparation areas, and from water supplies. • *Deleted the requirement for removing manure as this is required in another standard.
510	1090	<p>Campsite</p> <p>A. This section is applicable exclusively to the residential environment and equipment at wilderness camps. Permanent buildings and other aspects of the residential environment at a wilderness camp shall comply with all other standards in this part.</p> <p>B. Campsites shall be well drained and free from depressions in which water may stand.</p> <p>C. Natural sink-holes and other surface collectors of water shall be either drained or filled to prevent the breeding of mosquitoes.</p> <p>D. Campsites shall not be located in proximity to conditions that create or are likely to create offensive odors, flies, noise, traffic, or other hazards.</p> <p>E. Campsites shall be free from debris, noxious plants, and uncontrolled weeds or brush.</p> <p>F. Drinking water used at campsites and during activities away from permanent campsites shall be from a source known to be free of coliform organisms or shall be treated before use in a manner approved by the Virginia Department of Health.</p> <p>G. An adequate supply of water, under pressure where possible, shall be provided at the cooking area for hand washing, dish washing, food preparation and drinking.</p> <p>H. Food shall be obtained from approved sources and shall be properly identified.</p> <p>I. Milk products shall be pasteurized.</p> <p>J. Food and drink shall be maintained and stored using methods that prevent contamination.</p> <p>K. Utensils shall be used to</p>	<ul style="list-style-type: none"> • *Moved this section to Special Programs • *All standards that duplicated the Department of Health's summer camp regulation were deleted, as Department of Health standards should be applied to these facilities.

		<p>minimize the handling of food.</p> <p>L. Fruits and vegetables shall be properly washed prior to use.</p> <p>M. Food and food containers shall be covered and stored (i) off the ground and (ii) on clean surfaces. Refrigerated food shall be covered.</p> <p>N. Sugar and other condiments shall be packaged or served in closed dispensers.</p> <p>O. Poisonous and toxic materials shall be properly used, properly identified and stored separately from food.</p> <p>P. Persons with wounds or communicable diseases shall be prohibited from handling food.</p> <p>Q. Persons who handle food and eating utensils for the group shall maintain personal cleanliness, keep their hands clean at all times, and thoroughly wash their hands with soap and water after each visit to the toilet.</p> <p>R. Food contact surfaces shall be kept clean.</p> <p>S. All eating utensils and cookware shall be properly stored.</p> <p>T. Disposable and single use dishes, receptacles and utensils shall be properly stored, handled and used only once.</p> <p>U. Eating utensils shall not be stored with food or other materials and substances.</p> <p>V. Use of a common drinking cup shall be prohibited.</p> <p>W. Only food which can be maintained in wholesome condition with the available equipment shall be used.</p> <p>X. Ice which comes in contact with food or drink shall be obtained from an approved source and shall be made, delivered, stored, handled and dispensed in a sanitary manner and shall be free from contamination.</p> <p>Y. When ice and ice chests are used, meats and other perishable foods shall not be stored for more than 24 hours.</p> <p>Z. Eating utensils and cookware shall be washed after each use.</p> <p>AA. No dish, receptacle or utensil used in handling food for human consumption shall be used or kept for use if chipped, cracked, broken, damaged or constructed in a manner that prevents proper cleaning and sanitizing.</p> <p>BB. Solid wastes which are generated shall be disposed of at an approved sanitary landfill or similar disposal facility. Where sanitary landfill facilities are not available, solid wastes shall be</p>	
--	--	---	--

		<p>disposed of daily by burial under at least two feet of compacted earth cover in a location which is not subject to flooding.</p> <p>CC. Sanitary-type privies or portable toilets shall be provided where a water supply is not available. Such facilities shall be constructed as required by the Virginia Department of Health.</p> <p>DD. All facilities provided for excreta and liquid waste disposal shall be maintained and operated in a sanitary manner to eliminate possible health or pollution hazards, to prevent access of flies and animals to their contents, and to prevent fly breeding.</p> <p>EE. Privies shall be located at least 150 feet from streams, lakes, and wells and at least 75 feet from sleeping and housing facilities.</p> <p>FF. Campsites which do not have approved permanent toilet facilities shall have a minimum ratio of one toilet seat for every 15 persons.</p> <p>GG. If chemical control is used to supplement good sanitation practices, proper pesticides and other chemicals shall be used safely and in strict accordance with label instructions.</p> <p>HH. Bedding shall be clean, dry, sanitary, and in good repair.</p> <p>II. Bedding shall be adequate to ensure protection and comfort in cold weather.</p> <p>JJ. Sleeping bags, if used, shall be fiberfill and rated for 0° F.</p> <p>KK. Linens shall be changed as often as required for cleanliness and sanitation but not less frequently than once a week.</p> <p>LL. Bed wetters shall have their bedding changed or dried as often as it is wet.</p> <p>MM. Mattresses, if used, shall be clean.</p> <p>NN. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer.</p> <p>OO. A mattress cover shall be provided for each mattress.</p> <p>PP. Sleeping areas shall be protected by screening or other means to prevent admittance of flies and mosquitoes.</p> <p>QQ. A separate bed, bunk or cot shall be made available for each person.</p> <p>RR. Each resident shall be provided with an adequate supply of clean clothing which is suitable for outdoor living and is appropriate to the geographic location and season.</p> <p>SS. Sturdy, water-resistant,</p>	
--	--	--	--

		<p>outdoor footwear shall be provided for each resident.</p> <p>TT. Each resident shall have adequate personal storage area.</p> <p>UU. Fire extinguishers of a 2A 10BC rating shall be maintained so that it is never necessary to travel more than 75 feet to a fire extinguisher from combustion-type heating devices, campfires or other source of combustion.</p> <p>VV. Artificial lighting shall be provided in a safe manner.</p> <p>WW. All areas of the campsite shall be lighted for safety when occupied by residents.</p> <p>XX. Staff of the same sex may share a sleeping area with the residents.</p> <p>YY. A telephone or other means of communication is required at each area where residents sleep or participate in programs.</p>	
530	630	<p>Admission procedures</p> <p>A. The facility shall have written criteria for admission which shall include:</p> <ol style="list-style-type: none"> 1. A description of the population to be served; 2. A description of the types of services offered; and 3. Intake and admission procedures. <p>B. The facility's criteria for admission shall be accessible to prospective residents, legal guardians, and placing agencies.</p>	<ul style="list-style-type: none"> • Added exclusion criteria and a description of how educational services will be provided to the population served to the admission criteria requirements to better determine that the facility is serving a population they can manage. • Added a requirement that each facility shall provide documentation showing proof of contractual agreements or staff expertise to provide educational services, counseling services, psychological services, medical services or any other services needed to serve the resident. This requirement better ensures that staff are qualified to work with the residents. • *Deleted the requirement that admission criteria be available to prospective residents, guardians, and placing agencies.
540	640	<p>Maintenance of resident's records</p> <p>A. A separate written or automated case record shall be maintained for each resident. In addition, all correspondence and documents received by the facility relating to the care of that resident should be maintained as part of the case record.</p> <p>B. Each case record shall be kept up to date and in a uniform manner.</p> <p>C. The facility shall make information available only to persons/organizations legally</p>	<ul style="list-style-type: none"> • *Added requirement for policies and procedures for management and protection of records, both written and automated records. • *Added that a separate health record may be kept for residents. (HIPAA) • *Changed requirement to consolidate a resident's record to allowing the case and health record

		<p>authorized to have access to the information under federal and state laws.</p> <p>D. The facility shall have and implement written policies and procedures to protect the confidentiality of records. The policy shall address acquiring information, access, duplication, and dissemination of any portion of the records. The policy shall specify what information is available to the resident.</p> <p>E. Records shall be kept in areas which are accessible to authorized staff and protected from unauthorized access, fire, and flood.</p> <p>1. When not in use written records shall be stored in a metal file cabinet or other metal compartment.</p> <p>2. Facility staff shall assure the confidentiality of the residents' records by placing them in a locked cabinet or drawer or in a locked room when the staff member is not present.</p> <p>F. All portions of each resident's written records shall be consolidated prior to the resident's discharge.</p> <p>G. Written and automated records shall be retained in their entirety for a minimum of three years after the date of discharge unless otherwise specified by state or federal requirements.</p> <p>I. The facility shall have a written policy to provide for:</p> <p>1. The preservation of records in the event the facility ceases operation;</p> <p>2. Notifying the regulatory authority of the preservation plan; and</p> <p>3. Retention of and access to automated records.</p> <p>J. Facilities using automated records shall develop and implement procedures for backing up records.</p>	<p>to be kept separate.</p>
550	650	<p>Interstate compact on the placement of children</p> <p>B. No later than 10 days after discharge the resident's record shall contain documentation that the administrator of the Interstate Compact on the Placement of Children was notified of the discharge.</p>	<ul style="list-style-type: none"> • *Added a requirement that documentation that the provider send all serious incident reports to the administrator of the Virginia Interstate Compact on the Placement of Children and that it be kept in the resident's record. • *Added a requirement that within 5 days, documentation of the notification that a resident has been transferred to another facility sponsored by the same agency must be in the record.

			<ul style="list-style-type: none"> • *Clarified that the administrator of the Virginia Interstate Compact be notified in writing within 10 days that the resident has been discharged. • *Added that the provider shall not discharge or send out-of-state youth in the custody of out-of-state social services agencies and courts to reside with a parent, relative, or other individual who lives in Virginia without the approval of the administrator of the Virginia Interstate Compact on the Placement of Children. <p>All additions are current requirements of the Interstate Compact.</p>
570	670	<p>Emergency and self-admission Facilities accepting emergency or self-admissions shall:</p> <ol style="list-style-type: none"> 1. Have and implement written policies and procedures governing such admissions which shall include procedures to make and document prompt efforts to obtain (i) a written placement agreement signed by the legal guardian or (ii) the order of a court of competent jurisdiction; 2. Place in each resident's record the order of a court of competent jurisdiction, a written request for care, or documentation of an oral request for care; 	<ul style="list-style-type: none"> • Deleted item 3, as this requirement is a repeat of the first requirement. • Adds a requirement to justify why a child was admitted on an emergency basis to ensure that admissions are assessed appropriately. • Added a requirement for documentation that an emergency admission meets the facility's admission criteria to ensure that the facility is only accepting residents they can manage.
580	680	<p>Application for admission A. Admission, other than an emergency or diagnostic admission, shall be based on evaluation of an application for admission. The requirements of this section do not apply to (i) temporary care facilities, (ii) court ordered placements, or (iii) transfer of a resident between residential facilities located in Virginia and operated by the same sponsor. B. Facilities accepting routine admissions shall develop, and fully complete prior to acceptance for care, an application for admission which is designed to compile information necessary to determine:</p> <ol style="list-style-type: none"> 1. The physical needs of the prospective resident; 2. The educational needs of the prospective resident; 3. The mental health, emotional and psychological needs of the prospective resident; 4. The physical health needs of the prospective resident; 	<ul style="list-style-type: none"> • *Changed the admissions requirement to require that all admissions be based on an application, except for court ordered placements and transfers between facilities operated by the same sponsor. • *Added a requirement that facilities accepting emergency or diagnostic admissions develop an admission application to be completed at the time of placement or prior to placement. • Added to the requirement that facilities gather health information during the admission process that immunization requirements also be obtained to better ensure that health needs are met for each resident. • Added requirement to compile information on behavior support needs of the resident to ensure that the applicant is suitable for the

		<p>5. The protection needs of the prospective resident;</p> <p>6. The suitability of the prospective resident's admission;</p> <p>7. Whether the prospective resident's admission would pose any significant risk to (i) the prospective resident or (ii) the facility's residents or staff; and</p> <p>8. Information necessary to develop a service plan.</p> <p>C. The resident's record shall contain a completed application for admission at the time of a routine admission or within 30 days after an emergency admission.</p>	<p>program.</p> <ul style="list-style-type: none"> Added a requirement that each facility develop and implement policies and procedures to assess each application for admission to ensure that each resident is suitable for the program.
590	NA	<p>Preplacement activities documentation</p> <p>At the time of each routine admission, the facility shall document:</p> <p>1. A preplacement visit by the resident accompanied by a family member, agency representative or other responsible adult;</p> <p>2. Preparation through sharing information with the family or placing agency and with the resident about the facility, the staff, the population served, activities and criteria for admission; and</p> <p>3. Written confirmation of the admission decision to the legal guardian and to the placing agency.</p>	<p>*The requirements regarding preplacement visits were deleted, as preplacement visits are often conducted at the time of placement.</p>
600	690	<p>Written placement agreement</p> <p>A. The facility, except a facility which accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement which:</p> <p>1. Authorizes the resident's placement;</p> <p>2. Addresses acquisition of and consent for any medical treatment needed by the resident;</p> <p>3. Addresses the rights and responsibilities of each party involved;</p> <p>4. Addresses financial responsibility for the placement;</p> <p>5. Addresses resident absences from the facility; and</p> <p>6. Addresses visitation with the resident.</p>	<ul style="list-style-type: none"> *Clarified that the placement agreement be signed by a facility representative and corrected the Code cite. Added a requirement that the educational plan for the resident and the responsibilities of all parties regarding the educational plan be included in the placement agreement. This addition is added to insure that educational planning begins with the application and to insure that the resident begins school in a timely manner. Deleted requirement addressing absences of the resident.
610	700	<p>Face sheet</p> <p>A. At the time of admission, each resident's record shall include a completed face sheet which contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security</p>	<ul style="list-style-type: none"> *Allows for a unique identifier instead of a social security number. *Clarified that information on the face sheet is to be updated when changes occur. *Added a requirement that placement changes among facilities

		<p>number, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, and emergency contacts.</p> <p>B. Missing information shall be obtained promptly and information shall be updated when changes occur.</p>	<p>with the same sponsor be documented on the face sheet for easier location of the child.</p>
620	710	<p>Initial objectives and strategies Within three days following admission, individualized objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident. The requirements of this section do not apply to secure detention facilities, except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p>	<p>*Clarified that the initial strategies and objectives are to be measurable.</p>
630	720	<p>Service plan B. Individualized service plans shall describe the: 1. Strengths and needs of the resident; 2. Resident's current level of functioning; 3. Goals, objectives and strategies established for the resident; 4. Projected family involvement; 5. Projected date for accomplishing each objective; and 6. Status of discharge planning except that this requirement shall not apply to a facility which discharges only upon receipt of the order of a court of competent jurisdiction. C. Each plan shall be updated quarterly, or more frequently if necessary, and shall report the: 1. Resident's progress toward meeting the plan's objectives; 2. Family's involvement; 3. Continuing needs of the resident; 4. Resident's progress towards discharge; 5. Status of discharge planning; and 6. Revisions, if any, to the plan. D. Each plan and update shall include the date it was developed and the signature of the person who developed it. E. Staff responsible for</p>	<ul style="list-style-type: none"> • *Combined the service plan and quarterly report sections. • *Added that the service plan is to be written in measurable terms. • *Clarified that the discharge plan was a projected plan with an estimated length of stay. • *Timeframes for reviewing the service plan were clarified. • *Added a requirement that the provider develop policies and procedures for a system to document progress of the resident towards obtaining goals and objectives of the service plan which shall include the format; the frequency; and the person responsible. • *Timeframes for writing the quarterly progress report were clarified. • *Clarified that each service plan and revision and each quarterly progress report be signed and dated. • *The requirement that requires participation in the service plan reviews and in the development of the quarterly progress report was clarified to require documentation in the resident's record of the participation. • *Distribution of the service plan and quarterly progress reports is

		<p>daily implementation of the resident's individualized service plan shall be able to describe the resident's behavior in terms of the objectives in the plan.</p> <p>F. The following parties shall participate, unless clearly inappropriate, in developing the individualized service plan and in updating the plan quarterly, or more frequently, if necessary:</p> <ol style="list-style-type: none"> 1. The resident; 2. The resident's family, legal guardian, or legally authorized representative; 3. The placing agency; <p>and</p> <ol style="list-style-type: none"> 4. Facility staff. <p>G. The initial individualized service plan, each update, and all other revisions shall be distributed to the parties who participated in development of the plan. Documentation of distribution shall be included in the resident's record.</p> <p>H. The requirements of this section do not apply to secure detention facilities except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p>	<p>required, if allowed by federal regulations.</p>
640	730	<p>Resident transfer between residential facilities located in VA and operated by the same sponsor</p> <p>A. Except when transfer is ordered by a court of competent jurisdiction, the receiving facility shall document at the time of transfer:</p> <ol style="list-style-type: none"> 1. Preparation through sharing information with the resident, the family and the placing agency about the facility, the staff, the population served, activities and criteria for admission; 2. Written confirmation of the admission decision to the legal guardian and to the placing agency; 3. Receipt from the sending facility of a written summary of the resident's progress while at the facility and the resident's current strengths and needs; and 4. Receipt of the resident's record. <p>B. The sending facility shall retain a copy of the face sheet and a written summary of the child's progress while at the facility and shall document the date of transfer.</p>	<ul style="list-style-type: none"> • *The requirement to document a written admission decision was deleted. Changes made to notifications. • *A requirement was added that the justification of the transfer be documented in the record. • *A requirement was added that the sending agency document on the face sheet the name of the facility the resident was transferred to.
650	740	Discharge	*The requirement to make available or to

		<p>F. Information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be made available to or provided to the legal guardian or legally authorized representative.</p>	<p>provide information to the legal guardian or legally authorized representative was revised to require that the information be provided, if appropriate.</p>
<p>670</p>	<p>760</p>	<p>Social services A. The program of the facility, except a secure detention facility in which juveniles are not confined with a suspended commitment to the Department of Juvenile Justice, shall be designed to provide social services which address: 1. Helping the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living; 2. Assisting the resident and the family to maintain their relationships and prepare for the resident's future care; 3. Utilizing appropriate community resources to provide services and maintain contacts with such resources; 4. Helping the resident strengthen his capacity to function productively in interpersonal relationships; 5. Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living; and 6. Working with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family, for independent living, or for other residential care. B. The provision of social services shall be documented in each resident's record. C. Social services consistent with the goals of the service plan shall be provided to meet the specific needs of each resident, except residents of secure detention facilities who are not confined with a suspended commitment to the Department of Juvenile Justice, in one of the following ways: 1. By or under the direct supervision of a staff member who (i) holds a bachelor's degree in psychology, counseling, social work, or other discipline specifically approved by the regulatory authority and (ii) has completed two years of successful</p>	<ul style="list-style-type: none"> • *"Social services" was changed to "case management services" for clarity. • *The qualifications section to provide case management services was deleted here and added to a new section called case manager in the personnel section.

		<p>experience in psychology, counseling, social work, or other field specifically approved by the regulatory authority (In lieu of two years experience, the person may work under the direct supervision of a qualified supervisor for a period of two years.);</p> <p>2. By service staff of the agency that placed the resident provided such staff is available on an as needed basis rather than on a limited basis (e.g. quarterly or semi-annually);</p> <p>3. On a contract basis by a professional licensed to practice in the Commonwealth of Virginia, other state or the District of Columbia; or</p> <p>4. On a contract basis by a professional child and family service worker who is working under the auspices of a public or private, nonprofit agency sponsored by a community-based group.</p>	
690	780	<p>Structured program of care</p> <p>C. A daily activity log shall be maintained to inform staff of significant happenings or problems experienced by residents.</p>	<ul style="list-style-type: none"> • *The activity log was renamed communication log. • Added a requirement that the daily routine complies with any facility or locally imposed curfews.
700	790	<p>Health care procedures</p> <p>A. The facility shall have and implement written procedures for promptly:</p> <p>1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;</p> <p>2. Providing or arranging for the provision of routine ongoing and follow-up medical and dental services after admission;</p> <p>3. Providing emergency services for each resident as provided by statute or by the agreement with the resident's legal guardian; and</p> <p>4. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems.</p> <p>B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:</p> <p>1. Name, address, and telephone number of the physician and dentist to be notified;</p> <p>2. Name, address, and telephone number of a relative or other person to be notified;</p> <p>3. Medical insurance</p>	<ul style="list-style-type: none"> • *A new requirement was added for a policy and procedure to assure that information required in 790.B (emergency information) was promptly available. • Clarifications were made to the emergency information section to require information about all allergies including medication allergies, information about substance abuse and use, and past and present medical problems.

		<p>company name and policy number or Medicaid number;</p> <p>4. Information concerning:</p> <p>a. Use of medication;</p> <p>b. Medication allergies;</p> <p>c. Substance abuse; and</p> <p>d. Significant past or present medical problems;</p> <p>5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent; and</p> <p>6. Subsections 3 and 5 do not apply to secure detention facilities except when a resident is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p>	
710	800	<p>Medical examination and treatment</p> <p>B. Each resident's record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by a licensed physician including any recommendation for follow up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.</p> <p>C. Each physical examination report shall include:</p> <p>1. Information necessary to determine the health and immunization needs of the resident, including:</p> <p>a. Immunizations administered;</p> <p>b. Vision exam;</p> <p>c. Hearing exam;</p> <p>d. General physical condition, including documentation of apparent freedom from communicable disease including tuberculosis;</p> <p>e. Allergies, chronic conditions, and handicaps, if any;</p> <p>f. Nutritional requirements, including special diets, if any;</p> <p>g. Restrictions on physical activities, if any; and</p> <p>h. Recommendations for further treatment, immunizations, and other examinations indicated;</p> <p>2. Date of the physical examination; and</p> <p>3. Signature of a licensed physician, the physician's designee, or an official of a local health department.</p> <p>D. A child with a communicable disease shall not be admitted unless a licensed physician certifies that:</p> <p>1. The facility is capable of</p>	<ul style="list-style-type: none"> • *Clarified that record means health record. • *Added a requirement that at the time of placement, except for secure detention and emergency placements, each resident have a screening assessment as evidenced by the completion of a form containing the elements of a current tuberculosis risk assessment screening form published by the Department of Health. The screening assessment can be no older than 30 days. Secure detention and emergency placements have 5 days to complete the screening assessment. (Recommended by the Department of Health). • *A screening assessment must be completed annually on each resident. (Recommended by the Department of Health) • It was clarified that the annual exam could be performed by a physician or under the direction of a physician. • Clarified that the physical exam report include immunizations administered at the time of the exam. • *The policies and procedures regarding universal precautions must now be approved by a medical professional.

		<p>providing care to the child without jeopardizing residents and staff; and</p> <p>2. The facility is aware of the required treatment for the child and the procedures to protect residents and staff. The requirements of this subsection shall not apply to temporary shelters and secure detention facilities.</p> <p>E. Each resident's record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to secure detention facilities, temporary care facilities, and respite care facilities.</p> <p>F. Each resident's record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.</p> <p>G. Each resident's record shall include, or document the facility's efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable. This subsection does not apply to secure detention facilities except when a juvenile is confined in detention with a suspended commitment to the Department of Juvenile Justice.</p> <p>H. Written policies and procedures, which include use of universal precautions, shall be developed and implemented to address communicable and contagious medical conditions.</p>	
720	810	<p>Medication</p> <p>C. Medication shall be administered only by staff authorized to do so by the director.</p> <p>E. A program of medication shall be initiated for a resident only when prescribed in writing by a licensed physician.</p> <p>F. Medication prescribed by a licensed physician shall be administered as prescribed.</p> <p>G. A daily log shall be maintained of all medicines received by each resident and shall identify the individual who administered the medication.</p> <p>I. The telephone number of a regional poison control center shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which children sleep or participate in programs.</p>	<p>To reduce medication errors:</p> <ul style="list-style-type: none"> • A requirement was deleted that the director authorize staff to administer medication as staff will be authorized once they have been trained. • A clarification was made that over-the-counter drugs also be prescribed by a person authorized by law to prescribe medication. • "Licensed physician" was changed to "person authorized by law to prescribe medication" when talking about prescribing medication. • Components of the daily medication administration log were specified. • A requirement was added to require documentation of medication refusals and that the prescribing

		<p>J. At least one unexpired 30 cc bottle of Syrup of Ipecac and one unexpired container of activated charcoal shall be available on the premises of the facility for use at the direction of the poison control center or physician and shall be kept locked when not in use.</p>	<p>professional be consulted unless the issue was covered in standing orders.</p> <ul style="list-style-type: none"> • A requirement was added that the provider develop policies and procedures for documenting medication errors, reviewing medication errors and reactions and making any necessary improvements, the disposal of medication, the storage of controlled substances, and the distribution of medication off campus. The policy must be approved by a health care professional. The provider shall keep documentation of this approval. • *"Other emergency numbers" was added to the requirement to post the poison control number by or on the phone. • The requirement to have an unexpired bottle of Syrup of Ipecac and activated charcoal were deleted at the advice of health professionals.
730	820	<p>Nutrition B. Menus shall be kept on file for at least six months.</p>	<p>*Revised to require menus of actual meals be kept.</p>
740	830	<p>Staff supervision of children E. Supervision Policies 1. The facility shall develop and implement written policies and procedures which address staff supervision of children. 2. Written policies and procedures governing supervision of children shall be reviewed and approved by the regulatory authority prior to implementation. 3. The supervision policies or a summary of the policies shall be provided, upon request, to the placing agency or legal guardian prior to placement. F. During the hours that children are scheduled to be awake there shall be at least one child care staff member awake, on duty and responsible for supervision of every 10 children, or portion thereof, on the premises or participating in off-campus, facility-sponsored activities except: 1. Independent living programs shall have at least one child care staff member awake, on duty and responsible for supervision of every 15 children on the premises or participating in off campus, facility sponsored</p>	<ul style="list-style-type: none"> • *"Children" was changed to "resident." • Amended the requirements for supervision policies to include contingency plans for resident illnesses, emergencies, off campus activities, and resident preferences. This requirement will better ensure that residents are appropriately supervised in all situations. • *The facility must write policies and procedures based on the needs of the population served, types of services offered, qualifications of staff on duty, and number of residents. • *Ratio of staff to residents during awake hours shall be 1:8 unless the lead agency has approved or required a different ratio. • *A procedure is included for providers to request a different ratio. • *The requirements for specific staff to resident ratios in special programs were deleted as the requirement to write policies and procedures was added.

	<p>activities;</p> <p>2. For children under four years of age, there shall be at least one child care staff member awake, on duty and responsible for supervision of every three children who are on the premises or participating in off-campus, facility-sponsored activities except that this requirement does not apply to severely multi-handicapped, nonambulatory children;</p> <p>3. For severely multi-handicapped, nonambulatory children, there shall be at least one child care staff member awake, on duty and responsible for supervision of every six children;</p> <p>4. Programs that accept mothers and their children shall have at least one child care staff member awake, on duty and responsible for supervision of every six children (counting both mothers and their children); and</p> <p>5. Except when exempted by the regulatory authorities, programs that are licensed or certified by the Department of Mental Health, Mental Retardation and Substance Abuse Services to provide treatment services for children with diagnosed mental illness or diagnosed severe emotional or behavioral problems where close supervision is indicated shall have at least one child care staff member awake, on duty and responsible for supervision of every eight children.</p> <p>G. During the hours that residents are scheduled to sleep there shall be no less than one child care staff member on duty and responsible for supervision of every 16 children, or portion thereof, on the premises, except for programs that accept mothers and their children, there shall be at least one child care staff member in the building, on duty and responsible for every 10 residents.</p> <p>H. There shall be at least one child care staff member on duty and responsible for the supervision of residents in each building where residents are sleeping. When there are 16 or more residents in a building, the staff person shall remain awake, and the ratio of one staff person to every 16 residents or portion thereof shall be maintained. For less than 16 residents in the building, the staff person may sleep but shall be on duty and responsible for supervision. This</p>	<ul style="list-style-type: none"> • *DJJ will establish their own ratios. • *The requirement that supervision policies or a summary of the policies be provided, upon request, to the placing agency or legal guardian prior to placement was deleted as it was difficult to regulate.
--	---	---

		<p>requirement does not apply to approved independent living programs.</p> <p>I. On each floor where children are sleeping, there shall be at least one child care staff member awake and on duty for every 30 children or portion thereof.</p>	
750	840	<p>Emergency telephone numbers</p> <p>A. Residents who are away from the facility and the adults responsible for their care during the absence shall be furnished with a telephone number where a responsible facility staff member or other responsible adult may be reached at all times. This subsection does not apply to residents of secure detention facilities.</p> <p>B. When children are on the premises of the facility, the staff on duty shall be furnished with a telephone number where the administrator or his designee may be reached at all times.</p>	<ul style="list-style-type: none"> • Requirements that providers must have an emergency number where a staff person can be reached 24 hours a day were clarified. • When a resident is off campus they are to be given an emergency number. Any adults who are responsible for the resident while he is off campus is also to be given the emergency number.
770	850	<p>Searches</p> <p>C. A facility that conducts pat downs shall develop and implement written policies and procedures governing them which shall provide that:</p> <ol style="list-style-type: none"> 1. Pat downs shall be limited to instances where they are necessary to prohibit contraband; 2. Pat downs shall be conducted only in accordance with the written policies and procedures; 3. Pat downs shall be conducted by personnel of the same gender as the client being searched; 4. Pat downs shall be conducted only by personnel who are specifically authorized to conduct searches by the written policies and procedures; and 5. Pat downs shall be conducted in such a way as to protect the subject's dignity and in the presence of one or more witnesses. 	<p>*A requirement to conduct pat downs in accordance with policies and procedures was deleted as all policies and procedures should be followed.</p>
780	860	<p>Management of resident behavior (moved behavior management requirements to 900 behavioral interventions)</p>	<ul style="list-style-type: none"> • *Changed this section to Behavior support. • *Requires a behavior support plan within 30 days of admission developed with the resident, the resident's legal guardian, placing agency staff, facility staff, and other key players. • *Requires that staff be knowledgeable of behavior support plan before working alone with

790	870	<p>Confinement</p> <p>A. The facility shall have and implement written policies and procedures governing the conditions under which a resident may be confined and the maximum period of confinement. The conditions and maximum period of confinement shall be based on the resident's chronological and developmental level.</p> <p>B. The room in which a resident is confined shall not be locked nor the door secured in a manner that prevents the resident from opening it, except that this subsection does not apply to secure custody facilities.</p> <p>C. A confined resident shall be able to communicate with staff.</p> <p>D. Staff shall check on the resident in the room at least every 30 minutes and more often depending on the nature of the resident's disability, condition and behavior.</p> <p>E. Use of confinement and staff checks on the residents shall be documented when confinement is used for managing resident behavior.</p>	<p>resident.</p> <ul style="list-style-type: none"> • *"Confinement" was changed to "timeout" in accordance with the Human Rights Regulation. • A resident placed in timeout shall be checked every 15 minutes instead of every 30 minutes.
800	880	<p>Prohibitions</p> <p>14. Limitation on contacts and visits with advocates employed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or the Department for Rights of Virginians With Disabilities.</p>	<p>The name of the Department for Rights of Virginians with Disabilities was changed to the Virginia Office of Protection and Advocacy.</p>
810	890	<p>Chemical or mechanical restraints</p> <p>B. Use of chemical restraints is prohibited.</p>	<p>*"Chemical restraint" was changed to "pharmacological restraint" to comply with the Human Rights Regulation.</p>
820	900	<p>Physical restraint</p> <p>A. The facility shall have and implement written policies and procedures governing use of physical restraint.</p> <p>B. The facility's procedures shall include methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior.</p> <p>C. Use of physical restraint shall be limited to that which is minimally necessary to protect the resident or others.</p> <p>D. Trained staff members may physically restrain a resident only after less intrusive interventions have failed or when</p>	<ul style="list-style-type: none"> • *Section was changed to Behavior Interventions. • *Requirements from former behavior management section (780) were moved to this section. Because the goal is for residents to manage their own behavior, behavior support is emphasized. Less focus should be put on behavior management and physical restraint. • *Components of the policies and procedures for behavior intervention and management of resident behavior were specified to include the definition and list of techniques that are used and are available for use in the order of their relative degree of restrictiveness; the staff

		<p>failure to restrain would result in harm to the resident or others.</p> <p>E. Each application of physical restraint shall be fully documented in the resident's record including:</p> <ol style="list-style-type: none"> 1. Date; 2. Time; 3. Staff involved; 4. Circumstances; 5. Reasons for using physical restraint; 6. Duration; 7. Method or methods of physical restraint used; and 8. Less intrusive interventions which were unsuccessfully attempted prior to using physical restraint. <p>F. Each staff member responsible for supervision of children shall receive basic orientation to the facility's physical restraint procedures and techniques and to less intrusive interventions within seven days following employment.</p> <ol style="list-style-type: none"> 1. Physical restraint shall be applied only by staff who have been trained in the facility's physical restraint procedures and techniques. 2. Staff shall review the facility's training in physical restraint and less intrusive interventions at least annually. 	<p>members who may authorize the use of each technique; and the processes for implementing such policies and procedures.</p> <ul style="list-style-type: none"> • *The exception for giving copies of the policies regarding behavior management and all revisions to those residents with diagnosed mental disabilities resulting in the loss of the cognitive ability to understand the information was deleted. • *"Referral agency" was changed to "placing agency." • The requirement to develop and implement policies and procedures governing the use of physical restraint was clarified to include the identification of the staff person who will write the report and timeframe; the staff person who will review the report and timeframe; and methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior. • A requirement was added that all incidents of physical restraint shall be reviewed and evaluated to plan for continued staff development for performance improvement. • *The word intrusive was changed to less restrictive. • In the documentation of all incidents of physical restraint the components, circumstances and reasons for restraint, were replaced with justification for the restraint. The signature of the person completing the report and the date and a reviewer's signature and date was added to the documentation requirements. • *Training in the provider's behavior management policies was added to the staff development section. • A requirement that providers ensure that restraint may only be implemented, monitored, and discontinued by staff who have been trained in the proper and safe use of restraint, including hands-on techniques if applicable, by an
--	--	--	---

			<p>individual experienced in training staff in the management of behavior for the population served replaced the requirement that physical restraint be applied only by staff who have been trained in the facility's physical restraint procedures and techniques.</p> <p>These requirements are to insure that inappropriate and possibly harmful behavior management techniques are not applied to residents.</p>
840	NA	<p>Timeout Timeout is allowed only as permitted by other applicable state regulations.</p>	<p>*This section was deleted, as the previous section on confinement was changed to timeout to be in agreement with the Human Rights Regulation.</p>
850	920	<p>Education</p>	<ul style="list-style-type: none"> • *A requirement was added that residents be enrolled in an educational program within 5 school business days of admission and documentation of the enrollment be kept in the record. • A requirement was added that documentation regarding contact with the resident's home school be kept in the record.
870	940	<p>Recreation A. The facility shall have a written description of its recreation program which describes activities which are consistent (i) with the facility's total program and (ii) with the ages, developmental levels, interests, and needs of the residents. B. The facility shall have and implement a recreation program which is consistent with the written description and which includes: 1. Opportunities for individual and group activities; 2. Free time for residents to pursue personal interests which shall be in addition to a formal recreation program except this subdivision does not apply to secure custody facilities; 3. Use of available community recreational resources and facilities except this subdivision does not apply to secure custody facilities; 4. Scheduling of activities so that they do not conflict with meals, religious services, educational programs or other regular events; and 5. Regularly scheduled indoor and outdoor recreational activities that are structured to</p>	<ul style="list-style-type: none"> • *A new requirement was added for the provider to develop and implement policies and procedures to ensure the safety of residents participating in recreational activities to include a certified life guard for all swimming activities. • To ensure that overnight trips are properly planned and that appropriate decisions are made, adds requirements that for all overnight recreational trips away from the facility, the provider will document trip planning to include: <ul style="list-style-type: none"> ○ A supervision plan for the entire duration of the activity including awake and sleeping hours; ○ Plan for safekeeping and distribution of medication; ○ Overall emergency, safety, and communication plan for the activity including emergency numbers of facility administration; ○ Staff training and experience requirements for each activity; ○ Resident preparation for each

		<p>develop skills and attitudes. C. Recreational programs and field trips shall be directed and supervised by adults who are knowledgeable in the safeguards required for the activities.</p>	<p>activity;</p> <ul style="list-style-type: none"> ○ Plan to ensure that all necessary equipment for the activity is in good repair and appropriate for the activity; ○ Trip schedule giving addresses and phone numbers of locations to be visited and how the location was chosen/evaluated; ○ Plan to evaluate residents' physical health throughout the activity and to ensure that the activity is conducted within the boundaries of the resident's capabilities, dignity, and respect for self-determination; ○ Plan to ensure that if residents are to participate in an swimming activity, a certified lifeguard will supervise the activity; and ○ Plan to ensure that any variation from the trip plans and the reason for the variation are documented. <p>The expectations of trip planning will change depending on the facility size, the population served, the number of residents, and the type of trip.</p> <ul style="list-style-type: none"> ● *A requirement was added that for all out-of-state or out-of-country trips written permission must be received from each resident's legal guardian and kept in the resident's record.
880	950	Community relationships	<ul style="list-style-type: none"> ● Added a requirement that each facility shall have a community liaison that will be responsible for facilitating cooperative relationships with neighbors, the school system, local law enforcement, local government officials, and the community at large ● Added a requirement that each facility shall develop and implement policies and procedures for promoting positive relationships with the neighbors that shall be approved by the regulatory authority. ● Added a requirement that each facility shall show evidence that staff have been trained on good neighbor policies and community relations.

910	980	<p>Work and employment</p> <p>D. The facility shall have and implement written procedures to ensure that the work and pay of residents complies with applicable laws governing wages and hours and laws governing labor and employment of children. In both work assignments and employment, the program director shall evaluate the appropriateness of the work and the fairness of the pay.</p>	<p>*The requirement that facilities have and implement policies and procedures to ensure that the work and pay of residents complies with applicable laws governing wages and hours and laws governing labor and employment of children in both work assignments and employment was changed to require the program director to evaluate the appropriateness of the work and the fairness of the pay.</p>
925	1000	<p>Resident Visitation at the Homes of Staff</p> <p>If a facility permits staff to take residents to the staff's home, the facility must receive written permission of the resident's legal guardian or placing agency before the visit occurs.</p>	<p>*A requirement was added to keep the written permission in the resident's record.</p>
950	1030	<p>Emergency reports</p> <p>B. The facility shall document the following:</p> <ol style="list-style-type: none"> 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; and 6. The name of the person to whom the report was made. 	<ul style="list-style-type: none"> • *"Emergency report" was changed to "serious incident report" as this is the more accepted term. • *It was clarified that the provider is to notify the regulatory authority within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the regulatory authority. The standard includes the elements of the report that is to be submitted.
960	1040	<p>Suspected child abuse or neglect</p> <p>D. When a case of suspected child abuse or neglect is reported to child protective services, the resident's record shall include:</p> <ol style="list-style-type: none"> 1. The date and time the suspected abuse or neglect occurred; 2. A description of the incident; 3. Action taken as a result of the incident; and 4. The name of the person to whom the report was made at the local child protective services unit. 	<p>*The word incident was changed to suspected abuse or neglect.</p>
965	1050	<p>Grievance procedures</p>	<p>*A requirement was added that all documentation regarding grievances be kept on file at the facility for three years, unless other regulations require a longer retention period.</p>
970	1060	<p>Emergency and evacuation procedures</p> <p>A. Written procedures shall be developed and implemented for responding to emergencies</p>	<ul style="list-style-type: none"> • A requirement was added to develop an emergency preparedness and response plan for all locations with consultation of the

		<p>including, but not necessarily limited to:</p> <ol style="list-style-type: none"> 1. Severe weather; 2. Loss of utilities; 3. Missing persons; 4. Severe injury; and 5. Emergency evacuation, including alternate housing. <p>B. Written procedures shall address responsibilities of staff and residents regarding:</p> <ol style="list-style-type: none"> 1. Sounding of an alarm; 2. Emergency evacuation including assembly points, head counts, primary and secondary means of egress, evacuation of children with special needs, and verifying complete evacuation of the buildings; 3. Alerting emergency authorities; and 4. Use of emergency equipment. <p>C. Emergency procedures shall address the handling of residents with special needs.</p> <p>D. Floor plans showing primary and secondary means of egress shall be posted on each floor in locations where they can easily be seen by staff and residents.</p> <p>E. The procedures and responsibilities reflected in the emergency procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.</p> <p>F. The telephone numbers of the authorities to be called in case of an emergency shall be prominently posted on or next to each telephone.</p> <p>G. At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents.</p> <p>H. Evacuation drills shall include, at a minimum:</p> <ol style="list-style-type: none"> 1. Sounding of emergency alarms; 2. Practice in evacuating buildings; 3. Practice in alerting emergency authorities; and 4. Simulated use of emergency equipment. <p>I. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.</p> <p>J. The facility shall assign at least one staff member responsibility for conducting and documenting evacuation drills.</p> <p>K. A record shall be maintained for each evacuation drill and shall include the following:</p>	<p>local emergency coordinator.</p> <ul style="list-style-type: none"> • A requirement was added that the provider develop and implement emergency preparedness and response training for all employees, contractors, students, and volunteers within 14 days of begin date or before an individual is alone supervising residents and annually thereafter.
--	--	---	--

		<ol style="list-style-type: none"> 1. Buildings in which the drill was conducted; 2. Date and time of drill; 3. Amount of time to evacuate the buildings; 4. Specific problems encountered; 5. Staff tasks completed including: <ol style="list-style-type: none"> a. Head count, and b. Practice in notifying emergency authorities; 6. A summary; and 7. The name of the staff members responsible for conducting and documenting the drill and preparing the record. L. The record for each evacuation drill shall be retained for three years after the drill. M. The facility shall assign one staff member responsibility for the evacuation drill program at the facility who shall: <ol style="list-style-type: none"> 1. Ensure that evacuation drills are conducted at the times and intervals required by these interdepartmental standards and the facility's emergency procedures; 2. Review evacuation drill reports to identify problems in conducting the drills and in implementing the requirements of the emergency procedures; 3. Consult with the local emergency authorities, as needed, and plan, implement and document training or other actions taken to remedy any problems found in implementing the procedures; and 4. Consult and cooperate with local emergency authorities to plan and implement an educational program for facility staff and residents on topics in safety. 	
<p>980,990, and 1000</p>		<p>In the event of a disaster, fire, emergency or any other condition at the facility that may jeopardize the health, safety or well-being of the children, the facility shall:</p> <ol style="list-style-type: none"> 1. Take appropriate action to protect the health, safety and well-being of the children; 2. Take appropriate actions to remedy the conditions as soon as possible, including reporting to and cooperating with local health, fire, police or other appropriate officials; and 3. Notify the regulatory authorities as soon as possible of the conditions at the facility and the status of the residents. <ol style="list-style-type: none"> A. The facility shall develop a written plan to be implemented in case of a fire. B. Procedures and 	<ul style="list-style-type: none"> • Sections were deleted as requirements were moved to 1060.

		<p>responsibilities reflected in the written fire plan shall be communicated to all residents within seven days following admission or a substantive change in the plan.</p> <p>C. The telephone number of the fire department to be called in case of fire shall be prominently posted on or next to each telephone.</p> <p>A. Each staff member shall be trained in fire procedures in accordance with the Virginia Statewide Fire Prevention Code (13 VAC 5-51-10 et.seq.).</p> <p>B. Each new staff member shall be trained in emergency procedures and their implementation prior to working alone while supervising one or more children and within seven days of employment.</p>	
NA	1070	Independent living programs	<ul style="list-style-type: none"> • *Independent Living programs must use approved independent living curriculums and materials covering 16 required topics. • *Within 14 days of placement an assessment must be completed on each resident using an approved assessment tool and covering the 16 topics. • *Resident’s service plans must reflect the 16 topic areas. • *Staff must be trained within 14 days of hire on the curriculum and materials used by the program. • Requirements added as several programs identified themselves as independent living programs but offered few structured services.
NA	1080	Mother/Baby programs	<ul style="list-style-type: none"> • *A new section was added for mother/baby programs. • *Requirements were added for staff training specific to working with babies and toddlers. • *Requirements were added for documentation of information regarding the baby/toddler. • *Requirements were added to ensure the safety of the infant toddler and to ensure the baby’s proper development. <p>The number of mother/baby programs is increasing and the regulation had few standards to address this type of program.</p>
510	1090	Camping/Adventure activities	<ul style="list-style-type: none"> • *A new section was added regarding program activities at campsite programs and for programs who

			<p>participate in adventure activities as the regulation had few requirements addressing program issues.</p> <ul style="list-style-type: none"> • *Requirements were added to ensure that appropriate trip planning and safety precautions are taken on wilderness and adventure activities. <p>*As it has been determined that the Department of Health’s summer camp regulation will be applied to campsite programs, most of the environmental standards were deleted under § 510. The remaining standards were moved to this section to keep all the campsite standards together.</p>
Initial Application	NA	Forms	<p>Added to the certifications that the applicant has received and read information regarding the siting of a children’s residential facility.</p>